## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000306212

Entity Name: PBOX PARTNERS LLC

**Current Principal Place of Business:** 

9649 NW 33RD STREET DORAL. FL 33172

**Current Mailing Address:** 

9649 NW 33RD STREET DORAL. FL 33172

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE AZEVEDO, EDUARDO 9649 NW 33RD STREET DORAL, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 17, 2024

**Secretary of State** 

5692886852CC

Authorized Person(s) Detail :

Title **MBR** 

BENEVA GROUP CORP Name

1621 CENTRAL AVE Address

CHEYENNE WY 82001 City-State-Zip:

Title **MBR** 

CIPYR EVOLUTIONS CORP Name

Address 1621 CENTRAL AVE

CHEYENNE WY 82001 City-State-Zip:

Title **MBR** 

Name DE FREITES, JORGE 9649 NW 33RD STREET

DORAL FL 33172

City-State-Zip:

Address

Title

MPCARRERA INVESTMENTS LLC Name

**349 OAK ST** Address

HOLLYWOOD FL 33019 City-State-Zip:

Title **MBR** 

MARCAI CORP Name

1621 CENTRAL AVE Address

City-State-Zip: CHEYENNE WY 82001

Title **MBR** 

Name INNOVATION SOLUTIONS LLC

Address 1621 CENTRAL AVE

CHEYENNE WY 82001 City-State-Zip:

Title **MBR** 

Name PP FUNDING, LLC

Address 5521 N UNIVERSITY DR

City-State-Zip: CORAL SPRINGS FL 33067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DE AZEVEDO, EDUARDO

**MBR** 

04/17/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail