

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000364521

Entity Name: DOMEX USA LLC.

Current Principal Place of Business:

4624 NW 74TH AVE
MIAMI, FL 33166

Current Mailing Address:

4624 NW 74TH AVE
MIAMI, FL 33166 US

FEI Number: 46-1503307

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VILLANUEVA, CESAR
4624 NW 74TH AVE
MIAMI, FL 33166 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

Authorized Person(s) Detail :

Title MGR
Name VILLANUEVA, CESAR AUGUSTO
Address 31 SE 5ST
BRICKELL ON THE RIVER APT 3516
City-State-Zip: MIAMI FL 33131

Title MGR
Name VILLANUEVA BOBADILLA, CESAR
DANILO
Address 31 SE 5TH ST
BRICKELL ON THE RIVER APT 3516
City-State-Zip: MIAMI FL 33131

Title MGR
Name VILLANUEVA BOBADILLA, DANIELLA
MADELINE
Address 31 SE 5TH ST
BRICKELL ON THE RIVER APT 3516
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name ATOCHE, JOSE ARMANADO
Address 4624 NW 74TH AVE
City-State-Zip: MIAMI FL 33166

Title MGR
Name BOBADILLA HEREDIA, MARIA DE
LOURDES
Address 31 SE 5TH ST
BRICKELL ON THE RIVER APT 3516
City-State-Zip: MIAMI FL 33131

Title MGR
Name VILLANUEVA BOBADILLA, IVANNA
Address 31 SE 5TH ST
BRICKELL ON THE RIVER APT 3516
City-State-Zip: MIAMI FL 33131

Title AMBR
Name PATRONES SRL
Address C/PLAZA LA TRINITARIA #4
EL MILLON
City-State-Zip: SANTO DOMINGO OC 10109

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: CESAR VILLANUEVA

GENERAL MANAGER

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date