

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:** No**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 LEBRON, ROBERTO ANTONIO SR.
Address 14521 SW 13TH TERRACE
City-State-Zip: MIAMI FL 33184

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 A VILLANUEVA

CEO

07/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date