

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000030751

**Entity Name:** FENIX DOWN AGENCY, LLC

**Current Principal Place of Business:**

3812 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

P.O. BOX 211881  
CHULA VISTA, CA 91921

**FEI Number: 86-1845075**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MURRAY, KEVIN  
3812 GUNN HWY  
TAMPA, FL 33618 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 AMBR  
Name HERRERA, JANELSA  
Address 3812 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title AMBR  
Name PASCUAL, CHRISTIAN O  
Address 3812 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title AMBR  
Name HAENNY, SARA  
Address 3812 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title AMBR  
Name GALSIM, ZAC  
Address 3812 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title AP  
Name RAREDROP, LLC  
Address 3812 GUNN HWY  
City-State-Zip: TAMPA FL 33618

*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: JANELSA HERRERA**

**CEO**

**03/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date