

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000183498

**Entity Name:** BRUX LLC

**Current Principal Place of Business:**

11021 TRACI LYNN DRIVE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1203 SE 19TH TERRACE  
GAINESVILLE, FL 32641 US

**FEI Number:** 93-1624731

**Certificate of Status Desired:** No

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

BROWN, KAILA S  
1203 SE 19TH TERRACE  
GAINESVILLE, FL 32641 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 AP  
Name BROWN, KAILA S  
Address 1203 SE 19TH TERRACE  
City-State-Zip: GAINESVILLE FL 32641

*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:** KAILA S BROWN

AP

02/07/2024

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

\_\_\_\_\_  
Date