## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003720

**Entity Name: XGENEX LLC** 

**Current Principal Place of Business:** 

1785 NORTH POINTE PKWY SUITE 210 LUTZ, FL 33558

## **Current Mailing Address:**

PO BOX 127

ODESSA, FL 33556 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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: CYNTHIA LESKI 04/21/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MEMBER

Name BYRON, JAMES A.

Address 1785 NORTH POINTE PKWY

SUITE 210

City-State-Zip: LUTZ FL 33558

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: JAMES A. BYRON MEMBER 04/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 21, 2024

**Secretary of State** 

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