_			04/45/0005
th	at my name appears above, or on an attachment with all other like empowered.		
08	ath; 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
17	hereby certify that the information indicated on this report or supplemental report is true and accurate and that my $m e_i$	lectronic signature shall have the same legal effect	as if made under

SIGNATURE: DOUG SERGENT

Electronic Signature of Signing Authorized Person(s) Detail

## 2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# M19000007058

Entity Name: MIDAS INTERNATIONAL, LLC

#### **Current Principal Place of Business:**

4260 DESIGN CENTER DRIVE PALM BEACH GARDENS, FL 33410

#### **Current Mailing Address:**

4260 DESIGN CENTER DRIVE PALM BEACH GARDENS, FL 33410 US

### FEI Number: 36-1265336

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

AZOU DESIGN CENTER DRIVE PALM BEACH GARDENS EL 33/10

#### 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 Re	egistered Agent
----------------------------	-----------------

#### Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	BYRD, DON	Name	SERGENT, DOUG
Address	4260 DESIGN CENTER DRIVE	Address	4260 DESIGN CENTER DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

# d 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

AUTHORIZED PERSON 01/15/2025

FILED Jan 15, 2025 Secretary of State 5967407135CC

Date

Certificate of Status Desired: No

Date