

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000230726

**Entity Name:** PRAXI USA LLC

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD STE 901  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD STE 901  
CORAL GABLES, FL 33134 US

**FEI Number:** 88-4005044

**Certificate of Status Desired:** No

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

REYES, JAIME  
1140 ARECA WAY  
WESTON, FL 33327 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	Title	MGR
Name	LOPEZ, PEDRO	Name	DOMINGUEZ, MANUEL
Address	605 OCEAN DRIVE, APT. 2M	Address	605 OCEAN DRIVE, APT. 2M
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149

*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:** MANUEL DOMINGUEZ

**MANAGER**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date