

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032275

**Entity Name:** XCELL FLORIDA, LLC

**Current Principal Place of Business:**

1810 MARTHA LN  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

1810 MARTHA LN  
LYNN HAVEN, FL 32444 US

**FEI Number:** 20-1077339

**Certificate of Status Desired:** No

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

SANTAMARIA, GABRIEL  
1810 MARTHA LN  
LYNN HAVEN, FL 32444 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	SANTAMARIA, GABRIEL	Name	DUARTE, EDIT R
Address	1810 MARTHA LN	Address	1810 MARTHA LN
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	LYNN HAVEN FL 32444

*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:** GABRIEL SANTAMARIA

MGR

02/16/2022

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

\_\_\_\_\_ Date