

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098736

Entity Name: CU'TURE XCLUSIVE, LLC**Current Principal Place of Business:**256 THREE ISLANDS BLVD.
#201
HALLANDALE BEACH, FL 33009**Current Mailing Address:**3585 NE 207 ST. C9
741
AVENTURA, FL 33180 US**FEI Number:** 04-3845423**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAYNES, SHANTELL
256 THREE ISLANDS BLVD.
#201
HALLANDALE BEACH, FL 33009 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:** SHANTELL HAYNES

04/03/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO, CFO, COO
Name HAYNES, SHANTELL
Address 256 THREE ISLANDS BLVD.
#201
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE
Name CU'TURE XCLUSIVE HOLDINGS
Address 256 THREE ISLANDS BLVD.
#201
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE, CFO, COO
Name CU'TURE XCLUSIVE, LLC
Address 256 THREE ISLANDS BLVD.
#201
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER
Name PALMER, TORRIN STEPHON JR.
Address 256 THREE ISLANDS BLVD.
#201
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER/ AUTHORIZED REPRESENTATIVE
Name HAYNES HARBOUR, INC.
Address 3585 NE 207 ST. C9
741
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE, MANAGER
Name HAYNES HARBOUR BUNGALOWS
Address 256 THREE ISLANDS BLVD.
#201
City-State-Zip: HALLANDALE BEACH FL 33009

Title COO
Name CRUZ LEON, DENIS
Address 256 THREE ISLANDS BLVD.
#201
City-State-Zip: HALLANDALE BEACH FL 33009

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: SHANTELL HAYNES

CEO,CFO,COO

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date