

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098736

Entity Name: CU'TURE XCLUSIVE, LLC

Current Principal Place of Business:

20215 NW WATERWAYS
AVENTURA, FL 33180

Current Mailing Address:

P.O. BOX 800741
AVENTURA, FL 33280

FEI Number: 04-3845423

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYNES, SHANTELL
20215 NW WATERWAYS
AVENTURA, FL 33180 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 PCEO
Name HAYNES, SHANTELL
Address 20215 NW WATERWAYS
City-State-Zip: AVENTURA FL 33180

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANTELL HAYNES

CEO

02/06/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date