2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098736

Entity Name: CU'TURE XCLUSIVE HOLDINGS, LLC

Current Principal Place of Business:

500 S. FEDERAL HWY, #2181 HALLANDALE BEACH, FL 33008

Current Mailing Address:

3585 NE 207 ST. C9

#741

Name

Address

City-State-Zip:

City-State-Zip:

AVENTURA, FL 33180 US

FEI Number: 04-3845423 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HAYNES-CRUZ LEON, SHANTELL 3585 NE 207 ST. C9 #741 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: SHANTELL HAYNES 04/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

CEO/MGR/CFO/COO & AUTHORIZED Title Title AUTHORIZED MEMBER

MEMBER Name TOFFEE+HONEY REAL ESTATE

HAYNES-CRUZ LEON, SHANTELL DEVELOPMENT|DESIGN GROUP

Address 3585 NE 207 ST. C9 Address 3585 NE 207 ST. C9

#741 #741

City-State-Zip:

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER**

7:77 ATELIER **CU'TURE MEGATAINMENT** Name Name

3585 NE 207 ST. C9 3585 NE 207 ST. C9 Address Address

> #741 #741

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title **AUTHORIZED MEMBER** Title AUTHORIZED MEMBER

STEEL TOES & STILETTOS REAL 'KAVÈ, AT. BRANDS Name Name ESTATE DEVELOPMENT|DESIGN

3585 NE 207 ST. C9 **GROUP**

#741

Address 3585 NE 207 ST. C9 AVENTURA FL 33180 #741

AVENTURA FL 33180 City-State-Zip: Title **AUTHORIZED MEMBER**

@ HAUTE_CU'TURE Name Title AUTHORIZED MEMBER

3585 NE 207 ST. C9 YONI+NECTAR "KINKED CONSCIOUS" Address Name

#741 Address 3585 NE 207 ST. C9

AVENTURA FL 33180 #741

> AVENTURA FL 33180 City-State-Zip:

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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.

04/29/2021 SIGNATURE: SHANTELL HAYNES-CRUZ LEON CEO

FILED Apr 29, 2021

Secretary of State

0704390140CC

Authorized Person(s) Detail Continued:

Title AUTHORIZED MEMBER

Name UNAPOLOGETIC CAPITAL EQUITY GROUP

Address 3585 NE 207 ST. C9

#741

City-State-Zip: AVENTURA FL 33180