

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034564

**Entity Name:** XUXA, LLC

**Current Principal Place of Business:**

515 NE 6TH PL  
CAPE CORAL, FL 33909

**Current Mailing Address:**

2863 MCKENNA DRIVE  
NEW LENOX, IL 60451

**FEI Number:** 26-2361519

**Certificate of Status Desired:** Yes

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

CAPE CORAL TAX & ACCOUNTING SERVICES, LLC  
3306 DEL PRADO BLVD. SOUTH  
CAPE CORAL, FL 33904 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 MGRM  
Name RICHMOND, DIANE C  
Address 2863 MCKENNA DRIVE  
City-State-Zip: NEW LENOX IL 60451

Title MGRM  
Name RICHMOND, GLORIA O  
Address 11253 WILD BERRY LANE  
City-State-Zip: MOKENA IL 60448

Title MGRM  
Name RICHMOND, JOSEPH M  
Address 2863 MCKENNA DRIVE  
City-State-Zip: NEW LENOX IL 60451

Title MGRM  
Name RICHMOND, WALTER E  
Address 11253 WILD BERRY LANE  
City-State-Zip: MOKENA IL 60448

*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:** JOSEPH RICHMOND

**TREASURER**

01/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date