

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000113229

Entity Name: XSE OF FLORIDA, LLC

Current Principal Place of Business:

5151 SUNBEAM ROAD
SUITE #17
JACKSONVILLE, FL 32257

Current Mailing Address:

PO BOX 57760
JACKSONVILLE, FL 32241 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREAN, JAMES M
5300 CHURCH ROAD
ST. AUGUSTINE, FL 32092 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 CREAN, JAMES
Address PO BOX 57760
City-State-Zip: JACKSONVILLE FL 32241

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: JAMES CREAN

MANAGER

03/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date