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: ROBERTA CAPUTO	MGRM	03/01/2019		

Authorized Person(s) Detail :		
Title	MGRM	

SIGNATURE: ROBERTA CAPUTO

Electronic Signature of Registered Agent				
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	GAGLIARDI, PATRICK	Name	CAPUTO, ROBERTA	
Address	6157 PETALUMA DRIVE	Address	1525 NW 3RD ST SUITE #9	
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	DEERFIELD BEACH FL 33442	

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.

### FEI Number: 45-4243396

CAPUTO, ROBERTA 1525 NW 3RD ST SUITE #9

DEERFIELD BEACH, FL 33442 US

1525 NW 3RD ST SUITE #9

## **Current Mailing Address:**

1525 NW 3RD ST SUITE #9 DEERFIELD BEACH. FL 33442 US

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

# DEERFIELD BEACH. FL 33442

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L12000005610

Entity Name: XTREME BUSINESS CONSULTANTS, LLC

Certificate of Status Desired: No

03/01/2019 Date

Date

FILED Mar 01, 2019 Secretary of State 3352419713CC

Electronic Signature of Signing Authorized Person(s) Detail