

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000127743

**Entity Name:** XTRAORDINARY FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

5700 NW 17 AVE,  
B  
MIAMI, FL 33142

**Current Mailing Address:**

5700 NW 17 AVE, STE. B  
MIAMI, FL 33142

**FEI Number:** 46-1239316

**Certificate of Status Desired:** No

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

DOZIER, SHAMARA H  
2966 NW 132ND ST  
533  
OPALOCKA, FL 33054 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 DOZIER, SHAMARA H  
Address 2966 NW 132ND ST  
City-State-Zip: OPALOCKA FL 33054

*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:** SHAMARA DOZIER

MGRM

05/01/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date