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

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 46-1239316

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

Authorized Person(s) Detail :

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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000127743

Entity Name: XTRAORDINARY FINANCIAL SERVICES, LLC

Current Principal Place of Business:

5700 NW 17 AVE, R MIAMI, FL 33142

Current Mailing Address:

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

MGRM

Certificate of Status Desired: No

FILED Mar 29, 2016 Secretary of State CC5413548726

Date

03/29/2016 Date