

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106656

**Entity Name:** CXS LLC

**Current Principal Place of Business:**

219 S. CITRUS GROVE BLVD  
POLK CITY, FL 33868

**Current Mailing Address:**

219 S CITRUS GROVE BLVD  
POLK CITY, FL 33868 US

**FEI Number:** 37-1738817

**Certificate of Status Desired:** Yes

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

TANG, CHU Y  
219 S CITRUS GROVE BLVD  
POLK CITY, FL 33868 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 TANG, CHU  
Address 219 S CITRUS GROVE BLVD  
City-State-Zip: POLK CITY FL 33868

*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:** CHU TANG

MGRM

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date