

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000143111

**Entity Name:** XTERIOR CARE PROFESSIONALS, LLC

**Current Principal Place of Business:**

2810 SCOTT CIRCLE  
JACKSONVILLE , FL 32223

**Current Mailing Address:**

2810 SCOTT CIRCLE  
JACKSONVILLE , FL 32223 US

**FEI Number: 81-3587943**

**Certificate of Status Desired: No**

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

ELIAN, DANIEL  
2810 SCOTT CIRCLE  
JACKSONVILLE , FL 32223 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: DANIEL ELIAN**

**03/07/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            ELIAN, DANIEL  
Address        2810 SCOTT CIRCLE  
City-State-Zip: JACKSONVILLE FL 32223

Title            MGR  
Name            ELIAN, DANIEL  
Address        2810 SCOTT CIRCLE  
City-State-Zip: JACKSONVILLE FL 32223

*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: DANIEL ELIAN**

**MGR**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date