

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000158276

**Entity Name:** XCLUSIV SEAFOODS, LLC

**Current Principal Place of Business:**

500 S. FEDERAL HWY  
572  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

500 S. FEDERAL HWY  
572  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 82-2477944

**Certificate of Status Desired:** No

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

SANDERS, ASHAN  
1005 NW 7TH AVE  
HALLANDALE, FL 33009 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           VP  
Name           SANDERS, ASHAN  
Address        1005 NW 7TH AVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           VP  
Name           SAUNDERS, SHATON JOVAN  
Address        500 S. FEDERAL HWY  
                  572  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           PRES  
Name           SAUNDERS, SHATON  
Address        1005 NW 7TH AVE  
City-State-Zip: HALLANDALE FL 33009

*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:** ASHAN SANDERS

VP

04/30/2019

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

\_\_\_\_\_  
Date