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. 04/30/2022

MANAGER

SIGNATURE: GLENNYS TAYLOR

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

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.

Title	MANAGER	Title	MANAGER
Name	MEDINA, FEDERICO	Name	TAYLOR, GLENNYS A
Address	5805 BLUE LAGOON DRIVE SUITE 178	Address	9050 PINES BLVD SUITE 415-404
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	PEMBROKE PINES FL 33024

MEDINA, FEDERICO 5805 BLUE LAGOON DR SUITE 178 MIAMI, FL 33126 US

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000175358

Entity Name: EXCLUSIVE MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

5805 BLUE LAGOON DR SUITE 178 MIAMI. FL 33126

Current Mailing Address:

5805 BLUE LAGOON DR SUITE 178 MIAMI. FL 33126

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SIGNATURE:

FILED Apr 30, 2022 Secretary of State 9544397047CC

Certificate of Status Desired: No

Date

Date