#### 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: GLENNYS TAYLOR

Electronic Signature of Signing 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.

#### SIGNATURE:

Authorized Person(s) Detail :			
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

# **FEI Number: APPLIED FOR**

Electronic Signature of Registered Agent

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

2020 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

# Name and Address of Current Registered Agent:

FILED Jun 18, 2020 Secretary of State 5162668405CC

Certificate of Status Desired: No

06/18/2020

Date

Date

MANAGER