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 A 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.

		-
Authorized	Person(s)	Detail ·

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	

Name and Address of Current Registered Agent:

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

SIGNATURE:

2021 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

Electronic Signature of Registered Agent

Certificate of Status Desired: No

04/29/2021

FILED Apr 29, 2021 Secretary of State 3037301386CC

Date

Date

MANAGER