

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000046716

**Entity Name:** XCLUSIVE XTENSIONZ LLC

**Current Principal Place of Business:**

6885 NW 179TH ST  
207  
HIALEAH , FL 33015

**Current Mailing Address:**

6885 NW 179TH ST  
207  
HIALEAH , FL 33015 US

**FEI Number:** 82-4493797

**Certificate of Status Desired:** No

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

CHARLIER, KARLINE  
6885 NW 179TH ST  
207  
HIALEAH , FL 33015 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:** KARLINE CHARLIER

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name INSIGNARES, MICHEL  
Address 6885 NW 179TH ST  
207  
City-State-Zip: HIALEAH FL 33015

*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:** MICHEL INSIGNARES

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date