

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000170488

**Entity Name:** X-TREME CREATIONS LLC

**Current Principal Place of Business:**

3811 E NORFOLK STREET  
TAMPA, FL 33604

**Current Mailing Address:**

PO BOX 290404  
TAMPA, FL 33687

**FEI Number:** 56-2284206

**Certificate of Status Desired:** No

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

GALLIMORE, TONYA  
3811 E NORFOLK STREET  
TAMPA, FL 33604 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           DIRECTOR  
Name           TONYA GALLIMORE  
Address       PO BOX 290404  
City-State-Zip: TAMPA FL 33687

*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:** TONYA GALLIMORE

**DIRECTOR**

**06/29/2020**

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

\_\_\_\_\_  
Date