

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000255028

**Entity Name:** EXOTIC DETAIL L.L.C

**Current Principal Place of Business:**

1543 SW HACKENSACK AVE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

1543 SW HACKENSACK AVE  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REYNOLDS, SHAWN R  
1543 SW HACKENSACK AVE  
PORT SAINT LUCIE, FL 34953 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	MGR	Title	MGR
Name	REYNOLDS, SHAWN R	Name	REYNOLDS, SHANE
Address	1543 SW HACKENSACK AVE	Address	7507 BANYAN ST
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	FORT PIERCE FL 34951

*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:** SHAWN REYNOLDS

**MANAGER**

**04/20/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date