Electronic Signature of Signing Authorized Person(s) Detail

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000274533

Entity Name: XAVIER ANTHONY IMPRESSIONS, LLC

#### **Current Principal Place of Business:**

350 S. MIAMI AVE #1802 MIAMI, FL 33130

#### **Current Mailing Address:**

1100 BRICKELL BAY DRIVE PO BOX 311026 MIAMI, FL 33231 US

#### FEI Number: 85-2033251

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

ROCHA, KEIR 350 S. MIAMI AVE #1802 MIAMI, FL 33130 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

#### Authorized Person(s) Detail :

TitleMGRNameROCHA, KEIRAddress350 S. MIAMI AVE, #1802City-State-Zip:MIAMI FL 33130

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: KEIR X ROCHA

Date

### FILED Sep 18, 2020 Secretary of State 8115551157CC

Certificate of Status Desired: Yes

09/18/2020 Date