

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000149992

**Entity Name:** MIS XCLUSIVE LLC**Current Principal Place of Business:**444 NW 5TH STREET  
MIAMI, FL 33128**Current Mailing Address:**230 SOUTH 28TH AVENUE  
HOLLYWOOD, FL 33020 US**FEI Number:** 85-1345135**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PADILLA, CAMILO  
230 SOUTH 28TH AVENUE  
HOLLYWOOD, FL 33020 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 AUTHORIZED MEMBER  
Name PADILLA, CAMILO  
Address 2334 PONCE DE LEON BLVD  
STE 250  
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER  
Name TORRES, CARLOS  
Address 20500 NE 20 PLACE  
City-State-Zip: MIAMI FL 33179

Title AUTHORIZED MEMBER  
Name JORDAN, ALONSO  
Address 712 NE 193 STREET  
City-State-Zip: MIAMI FL 33179

Title AUTHORIZED MEMBER  
Name IGLESIAS, ARTURO  
Address 238 SE 2ND AVENUE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER  
Name JORDAN, EDUARDO  
Address 2890 SOLANO AVENUE  
APT. 105  
City-State-Zip: COOPER CITY FL 33024

*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:** ARTURO IGLESIAS

AMBR

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date