## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000333113

Entity Name: SHAMXCLUSIV LLC

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

1223 S DIXIE HWY W

202

POMPANO BEACHH, FL 33060

**Current Mailing Address:** 

1223 S DIXIE HWY W

202

POMPANO BEACHH, FL 33060 UN

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHELTON, SHAMAR S 1223 S DIXIE HWY W APT 202

POMPANO BEACH, FL 33060 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:

Title MGR Title AMBR

Name SHELTON, TAHREIKA S Name SHELTON, TAHIRAH S

Address 1223 S DIXIE HWY W, APT 202 Address 1223 S DIXIE HWY W, APT 202
City-State-Zip: POMPANO BEACH FL 33060 City-State-Zip: POMPANO BEACH FL 33060

Title AMBASSADOR

Name SHELTON , SHAMAR S JR.

Address 1223 S DIXIE HWY W

202

City-State-Zip: POMPANO BEACHH FLORIDA 33060

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: SHAMAR SHELTON

Electronic Signature of Signing Authorized Person(s) Detail

REGISTERED AGENT

05/01/2023

Date

FILED May 01, 2023

**Secretary of State** 

7541995253CC

Date