

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098736

Entity Name: CU'TURE XCLUSIVE, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3095 NE 190ST  
AVENTURA, FL 33180

**New Principal Place of Business:**

20215 NW WATERWAYS  
AVENTURA, FL 33180

**Current Mailing Address:**

P.O. BOX 800741  
AVENTURA, FL 33280

**New Mailing Address:**

FEI Number: 04-3845423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAYNES, SHANTELL  
3095 NE 190ST  
AVENTURA, FL 33180 US

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

HAYNES, SHANTELL  
20215 NW WATERWAYS  
AVENTURA, FL 33180 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:

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PCEO  
Name: HAYNES, SHANTELL  
Address: 20215 NW WATERWAYS  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHANTELLHAYNES

DOO

04/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date