

LOG000064002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600161976796

10/23/09--01016--007 **25.00

FILED
09 OCT 23 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XCLUSIVE MANAGEMENT GROUP
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAVIN ANTHONY FINDLAY
Name of Person

XCLUSIVE MANAGEMENT GROUP
Firm/Company

8460 SW 154th Circle COURT #122
Address

MIAMI FL 33193
City/State and Zip Code

GAVINFINDLAYXMG@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAVIN FINDLAY at 954 822 8845
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

XCLUSIVE MANAGEMENT GROUP

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	KELVIN D. CURTIS	3070 NW 24 th COURT FORT LAUDERDALE FL 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
C.O.O. MGR	KAYLA LORENA WILLIAMS	8460 SW 154 th Circle CT #122 MIAMI FL, 33193	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

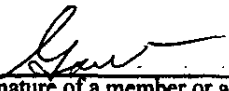
FILED
OCT 23 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLACE TITLE OF (C.E.O.) FOR
GAVIN ANTHONY FINDLAY

PLACE TITLE OF (C.O.O.) FOR
KAYLA LORENA WILLIAMS

Dated OCTOBER 21, 2009



Signature of a member or authorized representative of a member
GAVIN ANTHONY FINDLAY

Typed or printed name of signee