

K20 000 180 124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

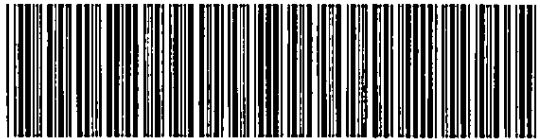
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/18/22--01012--012 **95.00

SEAL OF STATE
TALLAHASSEE, FL

2022 AUG 24 AM 9:02

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exclusive Imports LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrien Hemans

Name of Person

Exclusive Imports LLC

Limit Company

2283 NW 81st Ter

Address

Sunrise, FL 33322

City, State and Zip Code

exclusiveimportsllc@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrien Hemans

305 780-3602

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 AUG 24 PM 12:09

RECEIVED
DIVISION OF CORPORATIONS

July 13, 2022

ADRIEN G HEMANS
2283 NW 81ST TERRACE
SUNRISE, FL 33322

SUBJECT: XCLUSIVE IMPORTS LLC
Ref. Number: L20000180124

We have received your document for XCLUSIVE IMPORTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00015668

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~~SECRET~~ TALLAHASSEE, FL

~~SECRET~~ TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

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

Article III. ANY AND ALL LAWFUL BUSINESS.

FILED

2022 AUG 24 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FL

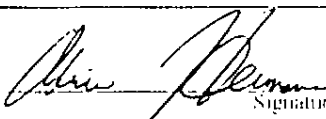
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated August 19, 2022



Signature of a member or authorized representative of a member

Adrien Hemans

Typed or printed name of signer

Filing Fee: \$25.00