

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L22000002281

1 Limited Liability Company's Name

Xclusive Bullies LLC

2. Principal Office Address - No P.O. Box #

1650 NW 26 Terr

Suite, Apt. # etc

3. Mailing Office Address

1650 NW 26 Terr

Suite, Apt. # etc

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33311

Country

USA

Zip

33311

Country

USA

8 Name and Address of Current Registered Agent

Name

Brandon J. Foeman

Street Address (P.O. Box Number is Not Acceptable) Suite

1650 NW 26 Terr

Apt. #, Etc

City

Ft. Lauderdale

State

FL

Zip Code

33311

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/28/24

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Brandon J. Foeman	1650 NW 26 Terr	Ft. Lauderdale / FL / 33311

11. E-mail Address brandonfoeman@hotmail.com

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

10/28/24

Daytime Phone #

(305) 879-7450

NOV 12 2024
M. WILLIAMS

REINSTATEMENT

2024

CR2E041 (1/14)

4 State/Country of Formation

FL/USA

5 Date Organized or Qualified
To Do Business in Florida

12/23/21

6 FEI Number

87-3724892

Applied For

Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status