

110000002928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

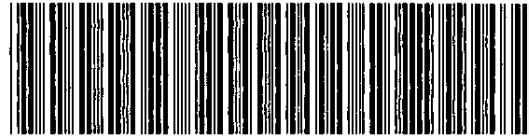
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12 JUL 20 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XION MANAGEMENT LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FARHAAN MIR
Name of Person

XION MANAGEMENT LLC
Firm/Company

1170 KANE CONCOURSE STE404
Address

BAY HARBOR ISLANDS, FL 33154
City/State and Zip Code

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

For further information concerning this matter, please call:

FARHAAN MIR at (305) 936-2000
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: XION MANAGEMENT LLC

2. This entity was formed under the laws of: DELAWARE

3. This entity was authorized to transact business in Florida on JUNE 30, 2010
and its Florida document/registration number is M10000002928

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

FARHAAN MIR

1170 KANE CONCOURSE STE 404

BAY HARBOUR ISLANDS, FL 33154

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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