

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030829

**Entity Name:** EXHILARATE LLC

**Current Principal Place of Business:**

5753 HWY 85 NORTH  
#8038  
CRESTVIEW, FL 32536

**Current Mailing Address:**

5753 HWY 85 NORTH  
#8038  
CRESTVIEW, FL 32536 US

**FEI Number:** 26-2582622

**Certificate of Status Desired:** No

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

PAUL BARABE, STACEY A  
5753 HWY 85 NORTH  
#8038  
CRESTVIEW, FL 32536 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PAUL BARABE, STACEY A  
Address 5753 HWY 85 NORTH  
#8038  
City-State-Zip: CRESTVIEW FL 32536

Title MGR  
Name BARABE, JOHN E  
Address 5753 HWY 85 NORTH  
#8038  
City-State-Zip: CRESTVIEW FL 32536

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STACEY PAUL BARABE

**OWNER**

**02/17/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date