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: BOBBY JAMES

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED	LIABILITY COMPAN	Y ANNUAL REPORT

# DOCUMENT# L14000050431

Entity Name: JAMES X-CLUSIVE LLC

#### Current Principal Place of Business:

102 N. ADAMS 5 QUINCY, FL 32343

## **Current Mailing Address:**

P.O. BOX 42 GRETNA, FL 32332 US

## FEI Number: 46-5227304

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

JAMES, BOBBY L SR. 102 N. ADAMS 5 QUINCY, FL 32343 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	BOBBY JAMES SR.			04/22/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name	JAMES, BOBBY L SR.	Name	JAMES, FELICIA L		
Address	102 N. ADAMS 5	Address	102 N. ADAMS 5		
City-State-Zip:	QUINCY FL 32351	City-State-Zip:	QUINCY FL 32351		

## FILED Apr 22, 2023 Secretary of State 9702246454CC

Certificate of Status Desired: No

04/22/2023

Date