

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000048641

Entity Name: XLACED LLC**Current Principal Place of Business:**5945 SW 23RD ST
MIRAMAR, FL 33027**Current Mailing Address:**5945 SW 23RD ST
MIRAMAR, FL 33027 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCEWAN, ASTON J
5945 SW 23RD ST
WEST PARK, FL 33027 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:** ASTON J MCEWAN

04/22/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|----------------------|
| Title | MGRM |
| Name | MCEWAN, ASTON |
| Address | 660 NW 125 ST |
| City-State-Zip: | NORTH MIAMI FL 33168 |

| | |
|-----------------|-----------------------|
| Title | MGRM |
| Name | VILLARSON, JEANCLAUDE |
| Address | 660 NW 125 ST |
| City-State-Zip: | NORTH MIAMI FL 33168 |

| | |
|-----------------|----------------------|
| Title | MGRM |
| Name | CLARKE, MARTIN |
| Address | 660 NW 125 ST |
| City-State-Zip: | NORTH MIAMI FL 33168 |

| | |
|-----------------|----------------------|
| Title | MGRM |
| Name | CLARKE, STACY |
| Address | 660 NW 125 ST |
| City-State-Zip: | NORTH MIAMI FL 33168 |

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: ASTON MCEWAN

MGRM

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date