

**2023 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

03/01/2023

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

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date