

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000139584

**Entity Name:** X-SCAPE LLC

**Current Principal Place of Business:**

12703 DEEDER LANE  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

12703 DEEDER LANE  
JACKSONVILLE, FL 32258 US

**FEI Number:** 81-3523352

**Certificate of Status Desired:** No

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

FOSTER, NICHOLAS T  
12703 DEEDER LANE  
JACKSONVILLE, FL 32258 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            AMBR  
Name            FOSTER, NICHOLAS T  
Address        12703 DEEDER LANE  
City-State-Zip: JACKSONVILLE FL 32258

Title            MGR  
Name            KICKLIGHTER, BETH A  
Address        5019 MARINERS POINT DR  
City-State-Zip: JACKSONVILLE FL 32225

*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:** NICHOLAS T. FOSTER

AMBR

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date