

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000139584

Entity Name: X-SCAPE LLC

Current Principal Place of Business:

9765 SOUTHBROOK DRIVE APT. 2906
JACKSONVILLE, FL 32256

Current Mailing Address:

9765 SOUTHBROOK DRIVE APT. 2906
JACKSONVILLE, FL 32256 US

FEI Number: 81-3523352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, NICHOLAS T
9765 SOUTHBROOK DRIVE APT. 2906
JACKSONVILLE, FL 32256 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 9765 SOUTHBROOK DRIVE APT. 2906
City-State-Zip: JACKSONVILLE FL 32256

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

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date