

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000108866

**Entity Name:** XL ARMADILLO, LLC

**Current Principal Place of Business:**

12000 BISCAYNE BOULEVARD  
SUITE # 201  
MIAMI , FL 33181

**FILED**  
**Jun 13, 2019**  
**Secretary of State**  
**2671266309CC**

**Current Mailing Address:**

12000 BISCAYNE BOULEVARD  
SUITE # 201  
MIAMI , FL 33181 US

**FEI Number:** 82-4103434

**Certificate of Status Desired:** No

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

XL FUNDING INC  
12000 BISCAYNE BOULEVARD  
SUITE # 201  
MIAMI , FL 33181 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 MGR  
Name XL FUNDING, INC.  
Address 12000 BISCAYNE BOULEVARD  
SUITE # 201  
City-State-Zip: MIAMI FL 33181

Title AR  
Name FISCHER, ANDREW A  
Address 1895 NE 117 ROAD  
City-State-Zip: NORTH MIAMI FL 33181

Title AR  
Name ASTAFUROVA, SVETLANA  
Address 7980 BSCAYNE POINT CIRCLE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** FISCHER, ANDREW A.

A/R

06/13/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date