

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000051196

**Entity Name:** EXCLUSIVE EXPERIENCES, LLC

**Current Principal Place of Business:**

17462 SW 21ST CT  
MIRAMAR, FL 33029

**Current Mailing Address:**

P.O. BOX 822685  
PEMBROKE PINES, FL 33082 US

**FEI Number:** 85-2954422

**Certificate of Status Desired:** Yes

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

ESTRADA, GREGORIS  
11180 W. FLAGLER ST  
16  
MIAMI, FL 33174 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:** GREGORIS ESTRADA

09/10/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RIVAS, BRYAN  
Address P.O. BOX 822685  
City-State-Zip: PEMBROKE PINES FL 33082

Title MGRM  
Name COTES, NILA  
Address 17462 SW 21ST CT  
City-State-Zip: MIRAMAR FL 33029

Title MGRM  
Name LARROTTA, ANDREA  
Address 20120 W. DIXIE HWY  
21105  
City-State-Zip: AVENTURA FL 33180

*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:** NILA COTES

MGRM

09/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date