		Continioato or Otatuo D	
ddress of Current Registered Age	nt:		
A M TER DR - 34743 US			
d entity submits this statement for the purpose of cha	anging its registered office or regis	tered agent, or both, in the State of	f Florida.
E: ANA M TAVAREZ			04/23/2024
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGRM	Title	AR, AP	
TAVAREZ, ANA M	Name	TAVAREZ, MARIO J	
PO BOX 622463	Address	PO BOX 622463	
ORLANDO FL 32862	City-State-Zip:	ORLANDO FL 32862	
MGRM			
OLIVARES, JUAN F			
PO BOX 622463			
ORLANDO FL 32862			
	M TER DR 34743 US d entity submits this statement for the purpose of char E ANA M TAVAREZ Electronic Signature of Registered Agent Person(s) Detail : MGRM TAVAREZ, ANA M PO BOX 622463 ORLANDO FL 32862 MGRM OLIVARES, JUAN F PO BOX 622463	TER DR 34743 US dentity submits this statement for the purpose of changing its registered office or registered dentity submits this statement for the purpose of changing its registered office or registered ANA M TAVAREZ Electronic Signature of Registered Agent Person(s) Detail : MGRM Title TAVAREZ, ANA M Name PO BOX 622463 Address ORLANDO FL 32862 City-State-Zip: MGRM OLIVARES, JUAN F PO BOX 622463	Address of Current Registered Agent: M TER DR - 34743 US d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of tentity submits this statement for the purpose of changing its registered agent, or both, in the State of MGRM OLIVARES, JUAN F PO BOX 622463

**Current Mailing Address:** 

PO BOX 622463 ORLANDO, FL 32862

# FEI Number: 84-4447280

#### Na

#### 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: ANA M TAVAREZ

MGRM

Electronic Signature of Signing Authorized Person(s) Detail

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L20000043530

Entity Name: 5XA GENERAL SERVICES LLC

## **Current Principal Place of Business:**

2987 STILLWATER DR KISSIMMEE, FL 34743

FILED Apr 23, 2024 Secretary of State 6258023007CC

Certificate of Status Desired: Yes