## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000149992

**Entity Name: MIS XCLUSIVE LLC** 

**Current Principal Place of Business:** 

444 NW 5TH STREET MIAMI. FL 33128

**Current Mailing Address:** 

230 SOUTH 28TH AVENUE HOLLYWOOD. FL 33020 US

FEI Number: 85-1345135 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PADILLA, CAMILO 230 SOUTH 28TH AVENUE HOLLYWOOD, FL 33020 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER PADILLA, CAMILO IGLESIAS, ARTURO Name Name 238 SE 2ND AVENUE Address 2334 PONCE DE LEON BLVD Address

STE 250

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** Name JORDAN, EDUARDO Name TORRES, CARLOS Address 2890 SOLANO AVENUE Address

20500 NE 20 PLACE APT. 105

City-State-Zip: COOPER CITY FL 33024 City-State-Zip: MIAMI FL 33179

Title **AUTHORIZED MEMBER** JORDAN, ALONSO Name Address 712 NE 193 STREET City-State-Zip: MIAMI FL 33179

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: ARTURO IGLESIAS **AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail

04/06/2021 Date

**FILED** Apr 06, 2021

**Secretary of State** 

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