

2023 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name PADILLA, CAMILO
Address 2334 PONCE DE LEON BLVD
STE 250
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER
Name TORRES, CARLOS
Address 20500 NE 20 PLACE
City-State-Zip: MIAMI FL 33179

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

Title AUTHORIZED MEMBER
Name IGLESIAS, ARTURO
Address 238 SE 2ND AVENUE
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER
Name JORDAN, EDUARDO
Address 2890 SOLANO AVENUE
APT. 105
City-State-Zip: COOPER CITY FL 33024

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: CARLOS TORRES**MEMBER MANAGER****04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date