

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000217887

**Entity Name:** XCLUS3 WINKS LLC

**Current Principal Place of Business:**

527 WEST HULL AVENUE  
BOX 383  
OAKLAND, FL 34760

**Current Mailing Address:**

P.O. BOX 383  
OAKLAND, FL 34760 US

**FEI Number:** 85-2493468

**Certificate of Status Desired:** No

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

OSBOURNE, NEVISHIA T  
527 W HULL AVE  
OAKLAND, FL 34760 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           MANAGER  
Name           OSBOURNE, NE'VISHIA T.  
Address        527 W HULL AVE  
City-State-Zip: OAKLAND FL 34760

*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:** NE'VISHIA T. OSBOURNE

**MANAGER**

**04/04/2024**

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

\_\_\_\_\_  
Date