## **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272244

**Entity Name: XCLUSIVE WAIST SHAPES LLC** 

**Current Principal Place of Business:** 

4015 WINDCHIME LANE LAKELAND. FL 33811

**Current Mailing Address:** 

4015 WINDCHIME LANE LAKELAND, FL 33811 US

FEI Number: 47-3346409 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRETT, TATISHA R 4015 WINDCHIME LANE LAKELAND, FL 33811 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

FILED Apr 06, 2021

**Secretary of State** 

1915248884CC

Authorized Person(s) Detail:

Title MGR Title AMBR

NameGARRETT, TATISHA R GARRETTNameGARRETT, TATISHA RAddress4015 WINDCHIME LANEAddress4015 WINDCHIME LANECity-State-Zip:LAKELAND FL 33811City-State-Zip:LAKELAND FL 33811

Title AP

Name GARRETT, TATISHA R
Address 4015 WINDCHIME LANE
City-State-Zip: LAKELAND FL 33811

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: TATISHA GARRETT

**OWNER** 

04/06/2021