

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000063967

**Entity Name:** XCAG PROPERTIES LLC

**Current Principal Place of Business:**

2650 SW CALDER STREET  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

P.O. BOX 6204  
JENSEN BEACH, FL 34957 US

**FEI Number:** 86-2183334

**Certificate of Status Desired:** No

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

GOFFE, CARLINGTON  
2650 SW CALDER STREET  
PORT SAINT LUCIE, FL 34953 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 MGR  
Name GOFFE, CARLINGTON  
Address 2650 SW CALDER STREET  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** CARLINGTON GOFFE

04/30/2025

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

\_\_\_\_\_  
Date