

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000491166

**Entity Name:** XLUSIVE XLOSET LLC

**Current Principal Place of Business:**

2915 E 21ST AVE  
TAMPA, FL 33605

**Current Mailing Address:**

2915 E 21ST AVE  
TAMPA, FL 33605 US

**FEI Number:** 93-4200970

**Certificate of Status Desired:** No

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

WELCH, TAJARIA  
2915 E 21ST AVE  
TAMPA, FL 33605 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 WELCH, TAJARIA  
Address 2915 E 21ST AVE  
City-State-Zip: TAMPA FL 33605

*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:** TAJARIA WELCH

**MANAGER**

**02/09/2024**

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

\_\_\_\_\_  
Date