

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000255084

**Entity Name:** MIDNIGHT XP LLC

**Current Principal Place of Business:**

5041 CITY ST  
APT. # 1716  
ORLANDO, FL 32839

**Current Mailing Address:**

5041 CITY ST  
APT. # 1716  
ORLANDO, FL 32839 US

**FEI Number:** 99-3457667

**Certificate of Status Desired:** No

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

MEDRANO, ANA  
5041 CITY ST  
APT. # 1716  
ORLANDO, FL 32839 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            MEDRANO, ANA  
Address        5041 CITY ST  
City-State-Zip: ORLANDO FL 32839

*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:** MEDRANO ANA

**MGR**

**04/02/2025**

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

\_\_\_\_\_  
Date