

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000281627

**Entity Name:** EXILUS GROUP LLC

**Current Principal Place of Business:**

248 QUAIL VISTA DR  
PONTE VEDRA BEACH, FL 32081

**Current Mailing Address:**

248 QUAIL VISTA DR  
PONTE VEDRA BEACH, FL 32081 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

EXILUS, SHAWNA L  
248 QUAIL VISTA DR  
PONTE VEDRA BEACH, FL 32081 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:** EXILUS SHAWNA L

02/10/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name EXILUS, SHAWNA LYNN  
Address 248 QUAIL VISTA DR  
City-State-Zip: PONTE VEDRA BEACH FL 32081

Title AMBR  
Name EXILUS, EMENSON  
Address 248 QUAIL VISTA DR  
City-State-Zip: PONTE VEDRA BEACH FL 32081

*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:** SHAWNA EXILUS

AMBR

02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date