

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007107

**Entity Name:** XCNTY, LLC

**Current Principal Place of Business:**

519 ROMA CT  
2204  
NAPLES, FL 34110

**Current Mailing Address:**

519 ROMA CT.  
2204  
NAPLES, FL 34110 US

**FEI Number:** 59-3628949

**Certificate of Status Desired:** No

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

SCHENK & ASSOCIATES, PLC  
606 BALD EAGLE DRIVE  
SUITE 612  
MARCO ISLAND, FL 34145 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           AMBR  
Name           LILJA, IRINA A PR OF ESTATE  
Address        519 ROMA CT  
                  2204  
City-State-Zip: NAPLES FL 34110

*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:** IRINA LILJA

04/06/2021

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

\_\_\_\_\_  
Date