

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000010725

**Entity Name:** CALVO, L.L.C.

**Current Principal Place of Business:**

4114 CARRIAGE DRIVE  
UNIT N4  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

4114 CARRIAGE DRIVE,  
UNIT N-4  
POMPANO BEACH, FL 33069

**FEI Number:** 04-3615312

**Certificate of Status Desired:** Yes

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

CALVO, JUAN J  
4114 CARRIAGE DRIVE,  
UNIT N-4  
POMPANO BEACH, FL 33069 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 MGRM, PRESIDENT  
Name CALVO, JUAN J  
Address 4114 CARRIAGE DRIVE #N4  
City-State-Zip: POMPANO BEACH FL 33069

Title MGRM, VICEPRESIDENT  
Name PEREZ DE CALVO, VALENTINA M  
Address 4114 CARRIAGE DRIVE, #N4  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name CALVO, JOSE GUILLERMO  
Address 2740 SW 24TH AVENUE  
City-State-Zip: MIAMI FL 33145

Title DIRECTOR  
Name CALVO, JUAN ANTONIO  
Address 2039 W 14 1/2 STREET  
City-State-Zip: HOUSTON TX 70008

*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:** JUAN J CALVO

**PRESIDENT**

**05/01/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date