

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057172

**Entity Name:** LA VANGA GROUP LLC

**Current Principal Place of Business:**

11236 NW 73 STREET  
DORAL, FL 33178

**Current Mailing Address:**

10520 NW 26 STREET  
C 201  
DORAL, FL 33172 US

**FEI Number:** 20-1444308

**Certificate of Status Desired:** No

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

CABANAS & ASSOCIATES, P.A.  
10520 NW 26 ST., SUITE C-201  
DORAL, FL 33172 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  
Name LAVANGA, GIOVANNI  
Address 11236 NW 73 STREET  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name DE LAVANGA, MARIA I  
Address 11236 NW 73 STREET  
City-State-Zip: DORAL FL 33178

Title MGR  
Name LAVANGA, ANTHONY  
Address 11236 NW 73 STREET  
City-State-Zip: DORAL FL 33178

Title MGR  
Name LAVANGA, JOSE M  
Address 11236 NW 73 STREET  
City-State-Zip: DORAL FL 33178

Title MGR  
Name LAVANGA, ANA C  
Address 11236 NW 73 STREET  
City-State-Zip: DORAL FL 33178

*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:** GIOVANNI LAVANGA

MGRM

03/22/2017

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

\_\_\_\_\_  
Date