	nling Address:	
PO BOX 36 BOYNTON	BEACH, FL 33425	
FEI Numbe	r: 30-0475746 Certif	icate of Status Desired: No
Name and A	Address of Current Registered Agent:	
MR.	CT	
1519 NE 1ST (BOYNTON BE	ACH, FL 33435 US	
BOYNTON BE		nt, or both, in the State of Florida.
BOYNTON BE The above name	ACH, FL 33435 US	nt, or both, in the State of Florida. 02/13/20
BOYNTON BE The above name	ACH, FL 33435 US	
BOYNTON BE The above name SIGNATUR	ACH, FL 33435 US ed entity submits this statement for the purpose of changing its registered office or registered age E: IGLAD NAURELUS	02/13/20
BOYNTON BE The above name SIGNATUR	ACH, FL 33435 US ed entity submits this statement for the purpose of changing its registered office or registered age E: IGLAD NAURELUS Electronic Signature of Registered Agent	02/13/20
BOYNTON BE The above name SIGNATUR Authorized	ACH, FL 33435 US ed entity submits this statement for the purpose of changing its registered office or registered age E: IGLAD NAURELUS Electronic Signature of Registered Agent Person(s) Detail :	02/13/20
BOYNTON BE The above name SIGNATUR Authorized Title	ACH, FL 33435 US ed entity submits this statement for the purpose of changing its registered office or registered age E: IGLAD NAURELUS Electronic Signature of Registered Agent I Person(s) Detail : MGR	02/13/20

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036158

Entity Name: SPV MULTI SERVICES LLC

Current Principal Place of Business:

1519 NE 1ST CT BOYNTON BEACH, FL 33435

Current Mailing Address:

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: IGLAD NAURELUS

OWNER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 13, 2024 **Secretary of State** 7669134048CC

2024

Date