

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078653

**Entity Name:** GERMELIVI, LLC

**Current Principal Place of Business:**

18800 NE 21ST AVE  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

18800 NE 21ST AVE  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 90-4141250

**Certificate of Status Desired:** No

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

LEOPOLD KORN LEOPOLD & SNYDER, P.A.  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 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           | MGR                           | Title           | MGR                           |
| Name            | RUD, JOSE FABIAN              | Name            | RUD, GRACIELA                 |
| Address         | 16300 NE 19TH AVENUE, SUITE A | Address         | 16300 NE 19TH AVENUE, SUITE A |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162    | City-State-Zip: | NORTH MIAMI BEACH FL 33162    |

*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:** RUD, JOSE FABIAN

**MANAGER**

**04/02/2015**

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

\_\_\_\_\_  
Date