

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000054670

Entity Name: NOVALIS, LLC

Current Principal Place of Business:

5700 W PEPPERTREE CIRCLE
DAVIE, FL 33314

Current Mailing Address:

5700 W PEPPERTREE CIRCLE
DAVIE, FL 33314 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS G. SHERMAN, PA
90 ALMERIA AVE
CORAL GABLES, FL 33134 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 MR
Name LAIK, MARCEL
Address 5700 W PEPPERTREE CIRCLE
City-State-Zip: DAVIE FL 33314

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: MARCEL LAIK

MANAGER

02/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date