

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008148

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC4165255274**

**Entity Name:** THE NOVENTA GROUP, LLC

**Current Principal Place of Business:**

1954 NW 183ER TERRACE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

1954 NW 183ER TERRACE  
PEMBROKE PINES, FL 33029

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TAPIA, LUIS O  
1954 NW 183ER TERRACE  
PEMBROKE PINES, FL 33029 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 TAPIA, LUIS O  
Address 1954 NW 183ER TERRACE  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR  
Name TAPIA, LINEY E  
Address 1954 NW 183ER TERRACE  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR  
Name TAPIA, ERIKA L  
Address 1954 NW 183ER TERRACE  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR  
Name TAPIA, MONICA R  
Address 1954 NW 183ER TERRACE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** LUIS OMAR TAPIA

**MGR**

**02/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date