

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000051664

Entity Name: QUIVIVE, LLC

Current Principal Place of Business:

274 E EAU GALLIE BLVD
STE 301
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

274 E EAU GALLIE BLVD
STE 301
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 36-4697210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORMESHER, JOHN
274 E EAU GALLIE BLVD
STE 301
INDIAN HARBOUR BEACH, FL 32937 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 ORMESHER, JOHN
Address 274 E EAU GALLIE BLVD
STE 301
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title MGRM
Name ORMESHER, KRISTIN
Address 274 E EAU GALLIE BLVD
STE 301
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

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: JOHN ORMESHER

MANAGING MEMBER

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date