

**2014 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**

**04/20/2014**

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

\_\_\_\_\_  
Date