

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000089610

Entity Name: CLAVERO DESIGN LLC.**Current Principal Place of Business:**639 CARIBBEAN WAY
SUITE B
DAVENPORT, FL 33897**Current Mailing Address:**109 AMBERSWEET WAY
SUITE 139
DAVENPORT, FL 33897 US**FEI Number:** 20-2954314**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAVERO, JOIDY
639 CARIBBEAN DR
SUITE B
DAVENPORT, FL 33897 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	MANAGING MANAGER
Name	CLAVERO, JOIDY
Address	639 CARIBBEAN WAY SUITE B
City-State-Zip:	DAVENPORT FL 33897

Title	MANAGER
Name	CLAVERO, HECTOR YOEL
Address	639 CARIBBEAN WAY SUITE B
City-State-Zip:	DAVENPORT FL 33897

Title	ASST. SECRETARY
Name	ALVEREZ, JUAN I
Address	352 BRUNELO DR
City-State-Zip:	DAVENPORT FL 33897

Title	SECRETARY
Name	NIEVES, RAFAEL JR.
Address	2195 WEST MARTIN ST
City-State-Zip:	KISSIMMEE FL 34741

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: HECTOR YOEL CLAVERO

MANAGER

07/28/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date