

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000115570

Entity Name: AMERIVEN, LLC.**Current Principal Place of Business:**3039 ELLICE WAY
NAPLES, FL 34119-1603**Current Mailing Address:**3039 ELLICE WAY
NAPLES, FL 34119-1603 US**FEI Number:** 45-3613704**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRYSTASZEK, WINDY L
3380 12TH AVE SE
NAPLES, FL 34117 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	GARCIA, FRANCISCO
Address	3039 ELLICE WAY
City-State-Zip:	NAPLES FL 34119-1603

Title	MGRM
Name	ROMERO DE GARCIA, ANA M
Address	3039 ELLICE WAY
City-State-Zip:	NAPLES FL 34119-1603

Title	MGRM
Name	KRYSTASZEK, WINDY LALENA
Address	3380 12TH AVE SE
City-State-Zip:	NAPLES FL 34117

Title	MGRM
Name	GARCIA ROMERO, ALAN FRANCISCO
Address	3039 ELLICE WAY
City-State-Zip:	NAPLES FL 34119-1603

Title	MGRM
Name	GARCIA, DONER
Address	1365 NW 98TH CT
City-State-Zip:	DORAL FL 34117

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: ANA MARIA ROMERO DE GARCIA**MGRM****02/25/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date