

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000040248

Entity Name: SAVERLINE, LLC

Current Principal Place of Business:

504 SW 132TH AVE
DAVIE, FL 33325

Current Mailing Address:

504 SW 132TH AVE
DAVIE, FL 33325 US

FEI Number: 45-4862281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CEDERNA, NICOLE
504 SW 132TH AVE
DAVIE, FL 33325 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 VP
Name ZAMORA, KARLA
Address 9070 SW 125TH AVE
A-102
City-State-Zip: MIAMI FL 33186

Title VP
Name CEDERNA, NICOLE
Address 13196 SW 9TH LANE
City-State-Zip: MIAMI FL 33184

Title VP
Name FUENTE, ANDREW JC
Address 13196 SW 9TH LANE
City-State-Zip: MIAMI FL 33184

Title V.P.
Name KOLBENSCHLAG, MARIBEL
Address 504 SW 132TH AVE
City-State-Zip: DAVIE FL 33325

Title DIRECTOR
Name FUENTE, JOAQUIN
Address 504 SW 132TH AVE
City-State-Zip: DAVIE FL 33325

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: NICOLE CEDERNA

VP

06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date