

**2017 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  
12610 SW 222 TERRACE  
MIAMI, FL 33170 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 FUENTE, JOAQUIN D.  
Address 2931 SUNRISE LAKES DR. E  
207  
City-State-Zip: SUNRISE FL 33322

Title VP  
Name ZAMORA, KARLA  
Address 12610 SW 222 TERRACE  
City-State-Zip: MIAMI FL 33170

Title VP  
Name CEDERNA, NICOLE  
Address 12610 SW 222 TERRACE  
City-State-Zip: MIAMI FL 33170

Title VP  
Name FUENTE, ANDREW JC  
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

04/23/2017

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

\_\_\_\_\_  
Date