## 2018 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 6911 MAIN STREET 227 MIAMI LAKES, FL 33014 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

**FILED** Apr 26, 2018

**Secretary of State** 

CC5956225966

## Authorized Person(s) Detail:

VΡ Title Title

ZAMORA, KARLA Name FUENTE. JOAQUIN D. Name Address 504 SW 132ND AVE Address 9070 SW 125TH AVE

A-102

DAVIE FL 33325 City-State-Zip: City-State-Zip: MIAMI FL 33186

Title Title VΡ

Name CEDERNA, NICOLE Name FUENTE, ANDREW JC Address 6911 MAIN STREET 504 SW 132TH AVE

Address 227

City-State-Zip: DAVIE FL 33325 City-State-Zip: MIAMI LAKES FL 33014

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

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

04/26/2018