

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000013774

**Entity Name:** CVI MANAGEMENT, LLC

**Current Principal Place of Business:**

5149 N. 9TH AVENUE  
SUITE 120  
PENSACOLA, FL 32504

**Current Mailing Address:**

POST OFFICE BOX 11982  
PENSACOLA, FL 32524 US

**FEI Number:** 46-2102525

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUSHING, ROBERT  
CARVER DARDEN  
151 WEST MAIN STREET SUITE 200  
PENSACOLA, FL 32502 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:** ROBERT RUSHING

04/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MONTGOMERY, AARON B DR.  
Address 5149 N. 9TH AVENUE  
SUITE 120  
City-State-Zip: PENSACOLA FL 32504

Title MGRM  
Name KAFIE, FERNANDO E DR.  
Address 5149 NORTH 9TH AVENUE, SUITE G-  
21  
City-State-Zip: PENSACOLA FL 32501

Title MGRM  
Name LECROY, CHRISTOPHER DR.  
Address 5149 N. 9TH AVENUE  
SUITE 120  
City-State-Zip: PENSACOLA FL 32504

Title MGMR  
Name PATEL, SHOANK DR.  
Address 5149 N. 9TH AVENUE  
SUITE 120  
City-State-Zip: PENSACOLA FL 32504

Title MGMR  
Name RISLEY, GEOFFREY DR.  
Address 5149 N. 9TH AVENUE  
SUITE 120  
City-State-Zip: PENSACOLA FL 32504

Title MGMR  
Name BOSARGE, CHRISTOPHER DR.  
Address 5149 N. 9TH AVENUE  
SUITE 120  
City-State-Zip: PENSACOLA FL 32504

*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:** CHRISTOPHER J. LECROY

MGRM

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date