

2020 FLORIDA LIMITED LIABILITY COMPANY 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:

LECROY, CHRISTOPHER
5149 N. 9TH AVE
SUITE 120
PENSACOLA, FL 32504 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: CHRISTOPHER LECROY

01/17/2020

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 MANAGER
Name MCDANIEL, HUEY 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 LECROY

PRESIDENT

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date