

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000013774

Entity Name: CVI MANAGEMENT, LLC

Current Principal Place of Business:

5147 N. 9TH AVENUE
SUITE G20
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:

WALKER, GARY
202 S ROME AVE
SUITE 100
TAMPA, FL 33606 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 MGRM
Name HARLIN, STUART A
Address 4561 TERRA SANTA
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name MONTGOMERY, AARON B
Address 5147 NORTH NINTH AVENUE, SUITE 318
City-State-Zip: PENSACOLA FL 32504

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

Title MGRM
Name TUCKER, JOHN
Address 5147 NORTH NINTH AVENUE, SUITE 318
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name LECROY, CHRISTOPHER
Address 5147 NORTH NINTH AVENUE, SUITE 318
City-State-Zip: PENSACOLA FL 32504

Title AUTHORIZED MEMBER
Name MANOS, GINGER
Address POST OFFICE BOX 11982
City-State-Zip: PENSACOLA FL 32524

Title AUTHORIZED MEMBER
Name MILLER, MICHAEL DR.
Address POST OFFICE BOX 11982
City-State-Zip: PENSACOLA FL 32524

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: STUART HARLIN

MGR

01/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date