

2015 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:** Yes**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	Title	MGRM
Name	HARLIN, STUART A	Name	MONTGOMERY, AARON B
Address	4561 TERRA SANTA	Address	5147 NORTH NINTH AVENUE, SUITE 318
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32504
Title	MGRM	Title	MGRM
Name	KAFIE, FERNANDO E	Name	TUCKER, JOHN
Address	5149 NORTH 9TH AVENUE, SUITE G-21	Address	5147 NORTH NINTH AVENUE, SUITE 318
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32504
Title	MGRM	Title	AUTHORIZED MEMBER
Name	LECROY, CHRISTOPHER	Name	MILLER, MICHAEL DR.
Address	5147 NORTH NINTH AVENUE, SUITE 318	Address	POST OFFICE BOX 11982
City-State-Zip:	PENSACOLA FL 32504	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

MD

01/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date