

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000110830

**Entity Name:** FIFTHAVENUEBISTRO LLC

**Current Principal Place of Business:**

8001 SOUTH ORANGE BLOSSOM TRAIL  
UNIT 210K  
ORLANDO, FL 32809

**Current Mailing Address:**

4539 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746 US

**FEI Number:** 46-4995829

**Certificate of Status Desired:** No

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

MOVSISYAN, LILIT  
4539 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746 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           MANAGER  
Name           LILIT, MOVSISYAN  
Address        4539 PHILADELPHIA CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

*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:** LILIT MOVSISYAN

MNG

04/15/2018

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date