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: KYLE SOREL

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	SOREL, KYLE	Name	AVELLO, JACQUELINE
Address	8991 SW 8TH STREET	Address	8991 SW 8TH STREET
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324

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.

# Name and Address of Current Registered Agent:

ADAM B. KENNER P.A. 175 SW 7TH STREET 2410 MIAMI, FL 33130 US

SIGNATURE:

175 SW 7TH STREET

### FEI Number: 46-3694867

2410 MIAMI, FL 33130

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L13000133166

Entity Name: SOVELLO ENTERPRISES LLC

## **Current Principal Place of Business:**

175 SW 7TH STREET 2410 MIAMI, FL 33130

## **Current Mailing Address:**

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

FILED Apr 30, 2014 Secretary of State CC4477323252

Certificate of Status Desired: No

Date

04/30/2014

Date