## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000168976

**Entity Name: RELIEVERS LLC** 

**Current Principal Place of Business:** 

10400 NW 74TH ST SUITE 103 DORAL, FL 33178

**Current Mailing Address:** 

10400 NW 74TH STREET SUITE 103 DORAL. FL 33178

FEI Number: 47-2213730 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBANEZ LUONGO, ANDREA 10400 NW 74TH STREET SUITE 103 DORAL, FL 33178 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: ANDREA ALBANEZ LUONGO 02/25/2016

Electronic Signature of Registered Agent

Date

**FILED** Feb 25, 2016

**Secretary of State** 

CC2533199421

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

ALBANEZ LUONGO, ANDREA Name MACHADO, ALFREDO Name

381 WEST PARK DRIVE # 202 10400 NW 74TH STREET SUITE 103 Address Address

City-State-Zip: DORAL FL 33178 City-State-Zip: MIAMI FL 33172

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: ANDREA ALBANEZ LUONGO

**AMBR** 

02/25/2016