

**2017 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

02/15/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ALBANEZ LUONGO, ANDREA  
Address 10400 NW 74TH STREET SUITE 103  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name MACHADO, ALFREDO  
Address 8800 NW 97 AVE.  
208  
City-State-Zip: DORAL FL 33178

*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

02/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date