ate of Status Desired: No
or both, in the State of Florida.
or both, in the State of Florida. 04/28/2015
04/28/2015
04/28/2015
04/28/2015
04/28/2015 Date

# 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: MAZADE MARIE C

MEM

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

# 2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L14000196916

## Entity Name: VIVAR LLC

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

201 S.BISCAYNE BLVD SUITE 2834 MIAMI, FL 33131

#### **Current Mailing Address:**

FILED Apr 28, 2015 Secretary of State CC9986736829

Date