## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000100967

Entity Name: APROVINA LLC

**Current Principal Place of Business:** 

4910 W. PINE BLVD. APT. 415

SAINT LOUIS, MO 63108

## **Current Mailing Address:**

4910 W. PINE BLVD. APT. 415 SAINT LOUIS, MO 63108 US

FEI Number: 47-4238718 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

GAULT, NICOLE PATRICIA 760 SE 2ND AVE #D112 DEERFIELD BEACH, FL 33441 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: NICOLE P. GAULT 04/12/2016

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title AUTHORIZED MEMBER
Name SIMPSON, PAUL ANTHONY

Address 4910 W. PINE BLVD.

APT. 415

City-State-Zip: SAINT LOUIS MO 63108

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: PAUL ANTHONY SIMPSON

AUTHORIZED MEMBER

04/12/2016

FILED Apr 12, 2016

**Secretary of State** 

CC6073565750

Date