

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000115192

**Entity Name:** SEMPER VICTORIUM LLC

**Current Principal Place of Business:**

102 NE 2ND STREET  
SUITE #383  
BOCA RATON, FL 33432

**Current Mailing Address:**

102 NE 2ND STREET  
SUITE #383  
BOCA RATON, FL 33432 US

**FEI Number:** 47-4487918

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALTERS, THOMAS ESQ.  
499 E. PALMETTO PARK RD.  
SUITE 228  
BOCA RATON, FL 33432 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            BARRETT, JASON  
Address        1895 HENRY STREET  
City-State-Zip: RAHWAY NJ 07065

Title            AMBR  
Name            CLARKE, PATRICK  
Address        25 66TH STREET #8  
City-State-Zip: WEST NEW YORK NJ 07093

Title            AMBR  
Name            HARRIS, YABU  
Address        62 VICTORIA WAY  
City-State-Zip: SEWAREN NJ 07077

Title            AMBR  
Name            FEDE, ANTHONY  
Address        12 MORRIS AVE  
City-State-Zip: SPOTSWOOD NJ 08884

*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:** JASON BARRETT

**AUTHORIZED MEMBER**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date