

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000120309

**Entity Name:** CVST FLORIDA, LLC

**Current Principal Place of Business:**

5130 S POINTE DR  
INVERNESS, FL 34450-7405

**Current Mailing Address:**

5130 S POINTE DR  
INVERNESS, FL 34450-7405 US

**FEI Number:** 47-4845825

**Certificate of Status Desired:** No

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

FRANKEL, DEBORAH OSMOND \* ESQ.  
5130 S POINTE DR  
INVERNESS, FL 34450-7405 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            FRANKEL, DEBORAH OSMOND \* ESQ.  
Address        5130 S POINTE DR  
City-State-Zip: INVERNESS FL 34450-7405

*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:** DEBORAH OSMOND FRANKEL

MGMR

02/14/2017

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

\_\_\_\_\_ Date