

2016 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

AUTHORIZED MEMBER

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date