# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000160741

Entity Name: FMVD HOLDING, LLC

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

20801 BISCAYNE BOULEVARD SUITE 403 #1001 AVENTURA, FL 33180

# **Current Mailing Address:**

C/O KIM MARKS 2136 NE 123RD STREET NORTH MIAMI, FL 33181 US

# FEI Number: 32-0475267

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

MARKS, KIM 2136 NE 123RD STREET NORTH MIAMI, FL 33181 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                     | KIM MARKS                                   |                 | 01/16/2018                                  |
|-------------------------------|---|-----------------|---|
|                               | Electronic Signature of Registered Agent    |                 | Date  |
| Authorized Person(s) Detail : |   |                 |   |
| Title                         | MGR   | Title           | MGR   |
| Name                          | MONOT, FRANCOIS                             | Name            | DUBALLUT, VANESSA                           |
| Address                       | 20801 BISCAYNE BOULEVARD SUITE<br>403 #1001 | Address         | 20801 BISCAYNE BOULEVARD SUITE<br>403 #1001 |
| City-State-Zip:               | AVENTURA FL 33180                           | City-State-Zip: | AVENTURA FL 33180                           |

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: FRANCOIS MONOT

MR

FILED Jan 16, 2018 Secretary of State CC4748330981

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Date