

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000050445

FILED
Mar 04, 2020
Secretary of State
9108132094CC

Entity Name: COLLECTIVE VENTURES GROUP LLC

Current Principal Place of Business:

100 N FEDERAL HIGHWAY
UNIT #C4
FORT LAUDERDALE, FL 33301

Current Mailing Address:

100 N FEDERAL HWY
UNIT C4
FORT LAUDERDALE, FL 33301 US

FEI Number: 81-1821558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOB, BRIAN
100 N FEDERAL HWY
UNIT C4
FORT LAUDERDALE, FL 33301 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: BRIAN JACOB

03/04/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: JACOB, BRIAN
Address: 100 N FEDERAL HIGHWAY
UNIT #C4
City-State-Zip: FORT LAUDERDALE FL 33301

Title: MANAGER
Name: SIMANNA INTERNATIONAL LLC
Address: 3902 CORAL HEIGHTS TERRACE
City-State-Zip: FORT LAUDERDALE FL 33308

Title: MANAGER
Name: MATHAI, ALEX
Address: 100 N FEDERAL HIGHWAY
UNIT #C4
City-State-Zip: FORT LAUDERDALE FL 33301

Title: MANAGER
Name: HENRY, MARK ANTHONY
Address: 100 N FEDERAL HIGHWAY
UNIT #C4
City-State-Zip: FORT LAUDERDALE FL 33301

Title: MANAGER
Name: NICHOLS, DAVE
Address: 100 N FEDERAL HIGHWAY
UNIT #C4
City-State-Zip: FORT LAUDERDALE FL 33301

Title: MANAGER
Name: ANDERSON, JAMES
Address: 100 N FEDERAL HIGHWAY
UNIT #C4
City-State-Zip: FORT LAUDERDALE FL 33301

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: BRIAN JACOB

MANAGING MEMBER

03/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date