

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000074347

**Entity Name:** HALVARE FOOD SERVICES AND DISTRIBUTION LLC

**Current Principal Place of Business:**

15725 NW 15TH AVE  
MIAMI, FL 33169

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC9982601508**

**Current Mailing Address:**

1801 NE 123 ST  
STE 313  
NORTH MIAMI, FL 33181 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HALVARE GROUP LLC  
1801 NE 123RD ST  
STE 313  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            MGR  
Name            VARESANO, VICENTE  
Address        1870 NE 124 ST  
City-State-Zip: NORTH MIAMI FL 33181

Title            MGR  
Name            HALWANI, ISAAC  
Address        3340 NE 190 ST STE 1003  
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:** VICENTE VARESANO

**MGR**

**05/01/2017**

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

\_\_\_\_\_ Date