

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000194086

Entity Name: CAVINA ALVES, LLC**Current Principal Place of Business:**2295 S. HIAWASSEE RD STE 407C
ORLANDO, FL 32835**Current Mailing Address:**2621 SUNRISE SHORES DR
KISSIMMEE, FL 34747 US**FEI Number:** 61-1806557**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC
2295 S. HIAWASSEE RD STE 407F
ORLANDO, FL 32835 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	DE CASTRO ALVES, MARCOS
Address	2295 S. HIAWASSEE RD STE 407C
City-State-Zip:	ORLANDO FL 32835

Title	AMBR
Name	SIMOE ALVES, DANIELLE C
Address	2295 S. HIAWASSEE RD STE 407C
City-State-Zip:	ORLANDO FL 32835

Title	MBR
Name	CAVINA SIMOE ALVES, BRUNA
Address	2295 S. HIAWASSEE RD STE 407C
City-State-Zip:	ORLANDO FL 32835

Title	MBR
Name	CAVINA SIMOE ALVES, VICTOR
Address	2295 S. HIAWASSEE RD STE 407C
City-State-Zip:	ORLANDO FL 32835

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: DE CASTRO ALVES , MARCOS

AMBR

02/10/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date