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.

MRS

that my name appears above, or on an attachment with	а
SIGNATURE: ANY AVAKIAN	

SIGNATURE: ANY AVAKIAN

Authorized Person(s) Detail :

Title MGR Name AVAKIAN, ANY 1951 NE 185 TER Address City-State-Zip: NORTH MIAMI BEACH FL 33179

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000081211

Entity Name: AVAKIAN INTERIORS LLC

Current Principal Place of Business:

1951 NE 185 TER NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1951 NE 185 TER NORTH MIAMI BEACH, FL 33179

FEI Number: 82-1411133

Name and Address of Current Registered Agent:

AVAKIAN, ANY 1951 NE 185 TER NORTH MIAMI BEACH, FL 33179 US

The abov of changing its registered office or registered agent, or both, in the State of Florida.

/e named enti	ty submits th	nis statement	for the purpose
TUDE			

Electronic Signature of Registered Agent

10/13/2020 Date

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

10/13/2020

FILED Oct 13, 2020 Secretary of State 0613449641CC