

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000186217

**Entity Name:** CENTURY DIVE LLC

**Current Principal Place of Business:**

6355 NW 36TH ST  
UNIT 503  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6355 NW 36TH ST  
UNIT 503  
VIRGINIA GARDENS, FL 33166

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

POSSELT, NICOLAS  
6355 NW 36TH ST  
UNIT 503  
VIRGINIA GARDENS, FL 33166 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 NICOLAS, POSSELT  
Address 6355 NW 36TH ST UNIT 503  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title MGR  
Name BOROWICZ, BOB  
Address 6355 NW 36TH ST UNIT 503  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title MGR  
Name SAAVEDRA, MATIAS  
Address 6355 NW 36TH ST UNIT 503  
City-State-Zip: VIRGINIA GARDENS FL 33166

*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:** NICOLAS POSSELT

**MANAGER**

**02/21/2018**

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

\_\_\_\_\_  
Date