

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000246205

**Entity Name:** TAVARES SOLUTIONS LLC

**Current Principal Place of Business:**

1533 CATHERINE DR  
APT 1  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1533 CATHERINE DR  
APT 1  
DELRAY BEACH, FL 33445 US

**FEI Number:** 82-3576841

**Certificate of Status Desired:** No

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

PRIME INCOME TAX AND ACCOUNTING  
23269 STATE ROAD 7, SUITE 119  
BOCA RATON, FL 33428 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 TAVARES RODRIGUES, LARISSA G  
Address 1533 CATHERINE DR  
APT 1  
City-State-Zip: DELRAY BEACH FL 33445

*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:** LARISSA G TAVARES RODRIGUES

MGR

04/26/2019

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

\_\_\_\_\_ Date