

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000037631

**Entity Name:** AV&E GROUP FLORIDA, LLC

**Current Principal Place of Business:**

109 RAINBOW DR # 914  
LIVINGSTON, TX 77399

**Current Mailing Address:**

PO BOX 2671  
WIMBERLEY, TX 78676 US

**FEI Number: 82-4409500**

**Certificate of Status Desired: Yes**

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

SHEA, ALICE VEANN  
1022 DOLLY LANE  
LAKELAND, FL 33813 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:** ALICE VEANN SHEA

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	NORMAN, MATTHEW	Name	NORMAN, NORMA
Address	109 RAINBOW DR # 914	Address	109 RAINBOW DR # 914
City-State-Zip:	LIVINGSTON TX 77399	City-State-Zip:	LIVINGSTON TX 77399

Title	AMBR	Title	AMBR
Name	NORMAN, ALEXIS	Name	NORMAN, VIVIANA
Address	109 RAINBOW DR # 914	Address	109 RAINBOW DR # 914
City-State-Zip:	LIVINGSTON TX 77399	City-State-Zip:	LIVINGSTON TX 77399

Title	AMBR
Name	NORMAN, ELIJAH
Address	109 RAINBOW DR # 914
City-State-Zip:	LIVINGSTON TX 77399

*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:** MATTHEW NORMAN

**PRESIDENT**

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date