# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000155584

Entity Name: CAVI PUR LLC

#### **Current Principal Place of Business:**

16699 COLLINS AVE #2506 SUNNY ISLES BEACH, FL 33160

## **Current Mailing Address:**

16699 COLLINS AVE #2506 SUNNY ISLES BEACH. FL 33160 US

# FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

SHOYKHET, ANNA 16699 COLLINS AVE #2506 SUNNY ISLES BEACH, FL 33160 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

#### Authorized Person(s) Detail :

Title	MGRM
Name	CAVIAR WELLNESS LLC
Address	16699 COLLINS AVE #2506
City-State-Zip:	SUNNY ISLES BEACH FL 33160

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: ANNA SHOYKHET

FOUNDER

01/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

# FILED Jan 07, 2019 Secretary of State 1711960721CC

Date