

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000247935

**Entity Name:** LAVIMAR, LLC

**Current Principal Place of Business:**

5892 ZINKLE ST  
NORTH PORT, FL 34291

**Current Mailing Address:**

5892 ZINKLE ST  
NORTH PORT, FL 34291

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TULCAN, LAVINIA M  
5892 ZINKLE ST  
NORTH PORT, FL 34291 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:** LAVINIA TULCAN

10/03/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TULCAN, LAVINIA M  
Address 5892 ZINKLE ST  
City-State-Zip: NORTH PORT FL 34291

*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:** LAVINIA TULCAN

MGRM

10/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date