

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000012345

Entity Name: JOVI OF SOUTH FLORIDA LLC**Current Principal Place of Business:**17301 BISCAYNE BLVD UNIT 1708
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**17301 BISCAYNE BLVD UNIT 1708
NORTH MIAMI BEACH, FL 33160 US**FEI Number:** 83-3175242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCOUNTANT & MANAGEMENT INC
1549 NE 123TH ST
NORTH MIAMI, FL 33161 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	AMBR
Name	VELLOSO GALVAO, JOAQUIM F
Address	17301 BISCAYNE BLVD UNIT 1708
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	AMBR
Name	GALVAO TAVARES, VICTOR
Address	17301 BISCAYNE BLVD UNIT 1708
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	AMBR
Name	DE AMORIM NETO, ODILON R
Address	17301 BISCAYNE BLVD UNIT 1708
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	AMBR
Name	GALVAO DE AMORIM, IRIS M
Address	17301 BISCAYNE BLVD UNIT 1708
City-State-Zip:	NORTH MIAMI 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: ODILON R DE AMORIM NETO**PRESIDENT****02/18/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date