

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000083910

**Entity Name:** VACUVEN LLC

**Current Principal Place of Business:**

20 ISLAND AVE APT 808  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

20 ISLAND AVE APT 808  
MIAMI BEACH, FL 33139 US

**FEI Number:** 30-1198578

**Certificate of Status Desired:** No

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

RISQUEZ, FRANCISCO F MR.  
20 ISLAND AVE APT 808  
MIAMI BEACH, FL 33139 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	Title	MGS
Name	RISQUEZ, FRANCISCO F MR.	Name	GONZALEZ, ANA A MR,
Address	20 ISLAND AVE APT 808	Address	20 ISLAND AVE APT 808
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

*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:** RISQUEZ , FRANCISCO F

MGR

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date