

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000133195

**Entity Name:** 1834CVT LLC**Current Principal Place of Business:**2295 S HIAWASSEE RD  
STE 104 ROOM 34  
ORLANDO, FL 32835**Current Mailing Address:**2295 S HIAWASSEE RD  
STE 104 ROOM 34  
ORLANDO, FL 32835 US**FEI Number:** 38-4120235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OGC ASSOCIATES PA  
1761 W HILLSBORO BLVD  
STE 408  
DEERFIELD BEACH, FL 33442 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:** ODIJAS CAMINHA

01/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LINHARES PONTE , FRANCISCO JUNIOR  
Address 2295 S HIAWASSEE RD  
STE 104 ROOM 34  
City-State-Zip: ORLANDO FL 32835

Title AMBR  
Name MARTINS RODRIGUES, LARA  
Address 2295 S HIAWASSEE RD  
STE 104 ROOM 34  
City-State-Zip: ORLANDO FL 32835

Title AMBR  
Name MARTINS RODRIGUES, LUCAS  
Address 2295 S HIAWASSEE RD  
STE 104 ROOM 34  
City-State-Zip: ORLANDO FL 32835

Title AMBR  
Name MELO RODRIGUES, DANIEL RONTGEN  
Address 2295 S HIAWASSEE RD  
STE 104 ROOM 34  
City-State-Zip: ORLANDO FL 32835

Title AMBR  
Name MELO RODRIGUES, MOSES HAENDEL FILHO  
Address 2295 S HIAWASSEE RD  
STE 104 ROOM 34  
City-State-Zip: ORLANDO FL 32835

*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:** LINHARES PONTE , FRANCISCO, JUNIOR

AMBR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date