

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000403281

**Entity Name:** NIVAS MIAMI LLC

**Current Principal Place of Business:**

851 NE 1ST AVE  
APT # 512  
MIAMI, FL 33132

**Current Mailing Address:**

851 NE 1ST AVE  
APT # 512  
MIAMI, FL 33132

**FEI Number:** 87-2720062

**Certificate of Status Desired:** No

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

NICHOLLS, LUISA  
851 NE 1ST AVE  
APT #512  
MIAMI, FL 33132 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  
Name NICHOLLS, LUISA  
Address 851 NE 1ST AVE APT 512  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name LEVEL USA CORP  
Address 7901 4TH ST. N STE 1243  
City-State-Zip: ST PETERSBURG FL 33702

*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:** LUISA NICHOLLS

**MANAGER**

**04/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date