

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000118264

**Entity Name:** SAVIC NAOMA LLC

**Current Principal Place of Business:**

848 BROKEN SOUND PKWY NW  
304  
BOCA RATON, FL 33487

**Current Mailing Address:**

848 BROKEN SOUND PKWY NW  
304  
BOCA RATON, FL 33487 UN

**FEI Number:** 30-1303920

**Certificate of Status Desired:** No

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

LARA RODRIGUEZ, OMAR  
848 BROKEN SOUND PKWY NW  
304  
BOCA RATON, FL 33487 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 TRIANA CLAVIJO, VICTOR  
Address 848 BROKEN SOUND PKWY NW  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name PERDOMO VILLAMOR, SABRINA  
Address 848 BROKEN SOUND PKWY NW  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name SERNA ALARCON, NATALIAMARCELA  
Address 848 BROKEN SOUND PKWY NW  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name LARA RODRIGUEZ, OMAR  
Address 848 BROKEN SOUND PKWY NW  
City-State-Zip: BOCA RATON FL 33487

*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:** TRIANA CLAVIJO , VICTOR

**MGR**

**04/28/2023**

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

\_\_\_\_\_  
Date