

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000148677

**Entity Name:** AVEN GIRAVI LLC

**Current Principal Place of Business:**

11990 BEACH BLVD  
#312  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

PO BOX 5852  
JACKSONVILLE, FL 32247 US

**FEI Number:** 88-2273420

**Certificate of Status Desired:** Yes

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

GIRAVI, AVEN  
11990 BEACH BLVD  
#312  
JACKSONVILLE, FL 32246 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:** AVEN GIRAVI

10/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GIRAVI, AVEN  
Address 11990 BEACH BLVD #312  
City-State-Zip: JACKSONVILLE FL 32246

*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:** AVEN GIRAVI

AMBR

10/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date