| FACE, FE 32371 03 | | | | |
|--|--|---------|------------------------|------------|
| 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 | : VICTOR AMARAL | | | 04/03/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | AMARAL, VICTOR | Name | AMARAL, JENNIFER | |
| Address | 5529 CANE SYRUP CIRCLE | Address | 5529 CANE SYRUP CIRCLE | |

Current Mailing Address:

PACE. FL 32571 US

FEI Number: 88-2642644

Name and Address of Current Registered Agent:

AMARAL, VICTOR 5529 CANE SYRUP CIRCLE PACE, FL 32571 US

Title Name Address City-State-Zip: PACE FL 32571 City-State-Zip: PACE FL 32571

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: VICTOR AMARAL

04/03/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000239207

Entity Name: AMAVA AND ASSOC. LLC

Current Principal Place of Business:

5529 CANE SYRUP CIRCLE PACE, FL 32571

5529 CANE SYRUP CIRCLE

MR.

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 03, 2023 Secretary of State 9319560634CC

Certificate of Status Desired: Yes