

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000467122

**Entity Name:** WHOLEY LIVE LLC

**Current Principal Place of Business:**

2040 HIGHWAY A1A  
SUITE 208  
INDIAN HARBOUR BEACH, 32937

**Current Mailing Address:**

2040 HIGHWAY A1A  
SUITE 208  
INDIAN HARBOUR BEACH, FL 32937 UN

**FEI Number:** 92-0962879

**Certificate of Status Desired:** No

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

KIVI, GABRIELLE  
2040 HIGHWAY A1A  
SUITE 208  
INDIAN HARBOUR BEACH, FL 32937 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 KIVI, GABRIELLE  
Address 310 FRANKLYN AVE  
City-State-Zip: INDIALANTIC FL 32903

*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:** GABRIELLE KIVI

**OWNER**

**07/23/2023**

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

\_\_\_\_\_  
Date