

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000023469

**Entity Name:** LOVID, LLC

**Current Principal Place of Business:**

5560 SW 116TH PL  
OCALA, FL 34476

**Current Mailing Address:**

5560 SW 116TH PL  
OCALA, FL 34476 US

**FEI Number:** 92-1957887

**Certificate of Status Desired:** No

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL 32801 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            RIVERA, YADIEL  
Address        5560 SW 116TH PL  
City-State-Zip: Ocala FL 34476

*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:** YADIEL RIVERA

YADIEL

02/13/2024

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

\_\_\_\_\_ Date