

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000011696

**Entity Name:** L.A.V.O.D. INC

**Current Principal Place of Business:**

2401 MISSOURI AVE  
ST CLOUD, FL 34769

**Current Mailing Address:**

2401 MISSOURI AVE  
ST CLOUD, FL 34769 US

**FEI Number:** 93-3756939

**Certificate of Status Desired:** Yes

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

DUQUE, YALIBEN CAROLINA  
2401 MISSOURI AVE  
ST CLOUD, FL 34769 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:** YALIBEN CAROLINA DUQUE

03/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name DUQUE, YALIBEN CAROLINA  
Address 2401 MISSOURI AVE  
City-State-Zip: ST CLOUD FL 34769

Title DIR  
Name DUQUE, DIEGO FERNANDO  
Address 2401 MISSOURI AVE  
City-State-Zip: ST CLOUD FL 34769

Title DIR  
Name DIAZ, ALICE  
Address 2401 MISSOURI AVE  
City-State-Zip: ST CLOUD FL 34769

Title P  
Name DUQUE, YALIBEN CAROLINA  
Address 2401 MISSOURI AVE  
City-State-Zip: ST CLOUD FL 34769

Title TRE  
Name DUQUE, YALIBEN CAROLINA  
Address 2401 MISSOURI AVE  
City-State-Zip: ST CLOUD FL 34769

Title SEC  
Name DIAZ, ALICE  
Address 2401 MISSOURI AVE  
City-State-Zip: ST CLOUD FL 34769

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YALIBEN DUQUE

DIR

03/09/2024

Electronic Signature of Signing Officer/Director Detail

Date