

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042812

**Entity Name:** ARBOR VILLAS EAST, LLC

**Current Principal Place of Business:**

FERNANDO GAVARRETE  
C/O 4990 SW 72ND AVENUE SUITE 109  
MIAMI, FL 33155

**Current Mailing Address:**

FERNANDO GAVARRETE  
4990 SW 72ND AVENUE SUITE 109  
MIAMI, FL 33155 US

**FEI Number:** 20-2276468

**Certificate of Status Desired:** No

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

GAVARRETE, LUIS  
824 GENOA STREET  
CORAL GABLES, FL 33134 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:** LUIS GAVARRETE

02/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                      |                 |                             |
|-----------------|--------------------------------------|-----------------|-----------------------------|
| Title           | MGR                                  | Title           | AR                          |
| Name            | GAVARRETE, FERNANDO                  | Name            | GAVARRETE, LUIS             |
| Address         | C/O 4990 SW 72ND AVENUE<br>SUITE 109 | Address         | 4990 SW 72 AVE<br>SUITE 109 |
| City-State-Zip: | MIAMI FL 33155                       | City-State-Zip: | MIAMI FL 33155              |

*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:** LUIS GAVARRETE

AR

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date