

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000025867

**Entity Name:** MICHAEL NEVIASER LLC

**Current Principal Place of Business:**

4005 CLEARWATER LN  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

4005 CLEARWATER LN  
JACKSONVILLE, FL 32223

**FEI Number:** 45-4305728

**Certificate of Status Desired:** No

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

NEVIASER, MICHAEL  
4005 CLEARWATER LN  
JACKSONVILLE, FL 32223 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 MGRM  
Name NEVIASER, MICHAEL  
Address 4005 CLEARWATER LN  
City-State-Zip: JACKSONVILLE FL 32223

Title MBR  
Name NEVIASER, LEE S  
Address 4005 CLEARWATER LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title MMBR  
Name ESSEGAN, SARA CASTELVECCHI  
Address 4005 CLEARWATER LN  
City-State-Zip: JACKSONVILLE FL 32223

*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:** MICHAEL NEVIASER

MMBR

02/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date