

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088361

Entity Name: ARMVEST, LLC**Current Principal Place of Business:**3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309**Current Mailing Address:**3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALOYAN, ELINA
1330 SUMERLINE DR
TALLAHASSEE, FL 32317 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	AKOPYAN, GAGIK
Address	1330 SUMERLINE DR
City-State-Zip:	TALLAHASSEE FL 32317

Title	MGRM
Name	GALOYAN, ELINA
Address	1330 SUMERLINE DR
City-State-Zip:	TALLAHASSEE FL 32317

Title	MGRM
Name	AKOPYAN, ARMEN
Address	3486 GARDENVIEW WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	MGRM
Name	AKOPYAN, ELENA
Address	3486 GARDENVIEW WAY
City-State-Zip:	TALLAHASSEE FL 32309

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: ELENA AKOPYAN**MGRM****01/09/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date