

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088361

**Entity Name:** ARMVEST, LLC

**Current Principal Place of Business:**

1725 CAPITAL CIRCLE NE, SUITE 301  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1725 CAPITAL CIRCLE NE, SUITE 301  
TALLAHASSEE, FL 32308 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

GALOYAN, ELINA  
3496 VELDA DAIRY DR  
TALLAHASSEE, FL 32309 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 3496 VELDA DAIRY DR  
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM  
Name GALOYAN, ELINA  
Address 3496 VELDA DAIRY DR  
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM  
Name AKOPYAN, ELENA  
Address 4565 FOREST RIDGE DR  
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

01/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date