

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000089610

**Entity Name:** CLAVERO DESIGN LLC.

**Current Principal Place of Business:**

639 CARIBBEAN WAY  
SUITE B  
DAVENPORT, FL 33897

**Current Mailing Address:**

109 AMBERSWEET WAY  
SUITE 139  
DAVENPORT, FL 33897 US

**FEI Number:** 20-2954314

**Certificate of Status Desired:** No

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

CLAVERO, JOIDY  
639 CARIBBEAN DR  
SUITE B  
DAVENPORT, FL 33897 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           MANAGING MANAGER  
Name           CLAVERO, JOIDY  
Address        639 CARIBBEAN WAY  
                  SUITE B  
City-State-Zip: DAVENPORT FL 33897

Title           MANAGER  
Name           CLAVERO, HECTOR YOEL  
Address        639 CARIBBEAN WAY  
                  SUITE B  
City-State-Zip: DAVENPORT FL 33897

*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:** JOIDY CLAVERO

**MANAGING MANAGER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date