

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

Title ASST. SECRETARY
Name ALVEREZ, JUAN I
Address 352 BRUNELO DR
City-State-Zip: DAVENPORT FL 33897

Title SECRETARY
Name NIEVES, RAFAEL JR.
Address 2195 WEST MARTIN ST
City-State-Zip: KISSIMMEE FL 34741

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: HECTOR YOEL CLAVERO

MANAGER

07/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date