

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000021049

**FILED**  
**May 18, 2020**  
**Secretary of State**  
**8530853174CC**

**Entity Name:** SALVIA INVESTMENT GROUP LLC

**Current Principal Place of Business:**

500 VONDERBURG DR.  
EAST TOWER SUITE 200  
BRANDON, FL 33511

**Current Mailing Address:**

P.O. BOX15176  
TAMPA, FL 33684 US

**FEI Number:** 45-4850919

**Certificate of Status Desired:** Yes

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

SALVIA, ELIZABETH  
500 VONDERBURG DR.  
EAST TOWER SUITE 200  
BRANDON, FL 33511 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 SALVIA, ELIZABETH  
Address 500 VONDERBURG DR.  
EAST TOWER SUITE 200  
City-State-Zip: BRANDON FL 33511

Title MANAGING MEMBER  
Name ASCENSAO, JONATHAN  
Address 500 VONDERBURG DR.  
EAST TOWER SUITE 200  
City-State-Zip: BRANDON FL 33511

Title MANAGING MEMBER  
Name ASCENSAO, NATHALIE  
Address 500 VONDERBURG DR.  
EAST TOWER SUITE 200  
City-State-Zip: BRANDON FL 33511

Title MANAGING MEMBER  
Name TANDRON, LILIBET  
Address 500 VONDERBURG DR.  
EAST TOWER SUITE 200  
City-State-Zip: BRANDON FL 33511

*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:** ELIZABETH SALVIA

**MGRM**

**05/18/2020**

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

\_\_\_\_\_  
Date