

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000018899

**Entity Name:** GAVA 705, LLC

**Current Principal Place of Business:**

401 N.E. 14TH AVENUE  
201  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

401 N.E. 14TH AVENUE  
201  
HALLANDALE BEACH, FL 33009

**FEI Number:** 46-2173854

**Certificate of Status Desired:** No

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

GAVA, AUREL R  
401 N.E. 14TH AVENUE  
201  
HALLANDALE BEACH, FL 33009 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:** AUREL RICK GAVA

01/21/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GAVA, AURELIAN  
Address 401 N.E. 14TH AVE  
#201  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name GAVA, VICTORIA M  
Address 401 N.E. 14TH AVE  
#201  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name GAVA, AUREL R  
Address 401 N.E. 14TH AVE  
#201  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** AUREL R GAVA

MGR

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date