

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000048682

Entity Name: GAVA 715, LLC

Current Principal Place of Business:

715 NE 6TH STREET
APT #2
HALLANDALE, FL 33009

Current Mailing Address:

401 NE 14TH AVENUE
APT #201
HALLANDALE, FL 33009

FEI Number: 46-2444656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAVA, AUREL R
715 NE 6TH STREET
APT #201
HALLANDALE, 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GAVA, VICTORIA
Address 401 NE 14TH AVENUE, APT 201
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name GAVA, AURELIAN
Address 401 NE 14TH AVENUE, APT 201
City-State-Zip: HALLANDALE FL 33009

Title MGRM
Name GAVA, AUREL R
Address 401 NE 14 AVE #201
City-State-Zip: HALLANDALE 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 RICK GAVA

MGRM

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date