

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000048682

**Entity Name:** GAVA 715, LLC

**Current Principal Place of Business:**

715 NE 6TH STREET  
HALLANDALE, FL 33009

**Current Mailing Address:**

2439 TREASURER ISLE DR  
APT #4  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 46-2444656

**Certificate of Status Desired:** No

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

GAVA, AUREL R  
2439 TREASURER ISLE DR  
APT #4  
PALM BEACH GARDENS, FL 33410 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 R GAVA

01/11/2019

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 2439 TREASURER ISLE DR  
APT #4  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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

01/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date