

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000188593

**Entity Name:** PAVOWELL, LLC

**Current Principal Place of Business:**

409 JULIA STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

6450 SW 144TH STREET  
MIAMI, FL 33158 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FRAZIER, ELAYNE  
10345 SW 151ST TERRACE  
MIAMI, FL 33176 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 AMBR  
Name SAUNDERS, LYNSEY  
Address 409 JULIA STREET  
City-State-Zip: KEY WEST FL 33040

Title AMBR  
Name MATTHEWS, LLISSA  
Address 819 AUBURNE HILLS DR, APT E  
City-State-Zip: INDIANAPOLIS IN 46224

Title AMBR  
Name TYNES-SAUNDERS, PHYLLIS  
Address 6450 SW 144TH STREET  
City-State-Zip: MIAMI FL 33158

Title AMBR  
Name MATTHEWS, ISA  
Address 9854 SECRET COVE LANE  
City-State-Zip: ORLANDO FL 32832

Title AMBR  
Name SAUNDERS, LILAH  
Address 3700 SW 27TH STREET, APT D104  
City-State-Zip: GAINESVILLE FL 32608

*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:** PHYLLIS TYNES-SAUNDERS

**AUTHORIZED TO  
MANAGE MEMBER**

**04/30/2017**

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

\_\_\_\_\_  
Date