

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000198215

Entity Name: LIV NEWLIFE LLC**Current Principal Place of Business:**3434 RUSSELL ST
305
DETROIT, MI 48207**Current Mailing Address:**3434 RUSSELL ST
305
DETROIT, MI 48207 US**FEI Number:** 32-0579846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALINDO, DANIEL
1460 NW 107 TH AVENUE
UNIT R
MIAMI, FL 33190 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 VINCENT, LIONEL
Address 14 RUE SAINT MARTIN
City-State-Zip: FONTENAY LE PESNEL 14 14250Title AMBR
Name VINCENT, ISABELLE
Address 14 RUE SAINT MARTIN
City-State-Zip: FONTENAY LE PESNEL 14 14250Title AMBR
Name VINCENT, CELINE
Address 14 RUE SAINT MARTIN
City-State-Zip: FONTENAY LE PESNEL 14 14250Title AMBR
Name VINCENT, LEONORE
Address 14 RUE SAINT MARTIN
City-State-Zip: FONTENAY LE PESNEL 14 14250Title AMBR
Name VINCENT, MATHIEU
Address 14 RUE SAINT MARTIN
City-State-Zip: FONTENAY LE PESNEL 14 14250

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: VINCENT ISABELLE**MEMBER****04/14/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date