

**2022 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:** Yes**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

04/27/2022

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