2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000254483

Entity Name: PAVILO GV, LLC

Current Principal Place of Business:

901 PONCE DE LEON BLVD. STE 402

CORAL GABLES. FL 33134

Current Mailing Address:

901 PONCE DE LEON BLVD, STE 402 CORAL GABLES. FL 33134 US

FEI Number: 83-3260564 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANUEL TORRES, JOSE 901 PONCE DE LEON BLVD, STE 402 CORAL GABLES, FL 33134 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

FILED Jan 29, 2020

Secretary of State

3444338522CC

Authorized Person(s) Detail :

Title **MNGR** Title **MNGR**

SMITH, JOSE I Name Name COSTA SMITH, MARIA

901 PONCE DE LEON BLVD, STE 402 901 PONCE DE LEON BLVD, STE 402 Address Address

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

Title **MNGR** Title **MNGR**

Name SUAREZ, ALBERTO J Name COSTA SUAREZ, MARGARITA

Address 901 PONCE DE LEON BLVD, STE 402 Address 901 PONCE DE LEON BLVD. STE 402

CORAL GABLES FL 33134 City-State-Zip: City-State-Zip: CORAL GABLES FL 33134

Title **MNGR** Title **MNGR**

Name COSTA, EDUARDO C Name COSTA, JOSE A III

Address 901 PONCE DE LEON BLVD, STE 402 901 PONCE DE LEON BLVD, STE 402 Address

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

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.

01/29/2020 SIGNATURE: JOSE COSTA **MANAGER**