

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000099955

**Entity Name:** VON HAVEN ENTERPRISES LLC

**Current Principal Place of Business:**

4630 SHADESVIEW DRIVE  
PENSACOLA, FL 32504

**Current Mailing Address:**

4630 SHADESVIEW DRIVE  
PENSACOLA, FL 32504 US

**FEI Number:** 83-4531725

**Certificate of Status Desired:** Yes

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

VON HAVEN, CARLY A  
4630 SHADESVIEW DRIVE  
PENSACOLA, FL 32504 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            VON HAVEN, CARLY A  
Address        4630 SHADESVIEW DRIVE  
City-State-Zip: PENSACOLA FL 32504

*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:** CARLY VON HAVEN

AMBR

03/19/2020

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

\_\_\_\_\_ Date