

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000133195

Entity Name: 1834CVT LLC**Current Principal Place of Business:**2295 S HIAWASSEE RD
STE 104 ROOM 34
ORLANDO, FL 32835**Current Mailing Address:**2295 S HIAWASSEE RD
STE 104 ROOM 34
ORLANDO, FL 32835 US**FEI Number:** 38-4120235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OGC ASSOCIATES PA
1761 W HILLSBORO BLVD
STE 408
DEERFIELD BEACH, FL 33442 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:** ODIJAS CAMINHA

02/14/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LINHARES PONTE , FRANCISCO JUNIOR
Address 2295 S HIAWASSEE RD
STE 104 ROOM 34
City-State-Zip: ORLANDO FL 32835

Title AMBR
Name MARTINS RODRIGUES, LARA
Address 2295 S HIAWASSEE RD
STE 104 ROOM 34
City-State-Zip: ORLANDO FL 32835

Title AMBR
Name MARTINS RODRIGUES, LUCAS
Address 2295 S HIAWASSEE RD
STE 104 ROOM 34
City-State-Zip: ORLANDO FL 32835

Title AMBR
Name MELO RODRIGUES, DANIEL RONTGEN
Address 2295 S HIAWASSEE RD
STE 104 ROOM 34
City-State-Zip: ORLANDO FL 32835

Title AMBR
Name MELO RODRIGUES, MOSES HAENDEL FILHO
Address 2295 S HIAWASSEE RD
STE 104 ROOM 34
City-State-Zip: ORLANDO FL 32835

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: LINHARES PONTE , FRANCISCO, JUNIOR

AMBR

02/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date