

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000175388

**Entity Name:** CAVALANI LLC

**Current Principal Place of Business:**

3660 MONTCLAIR DR  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

3660 MONTCLAIR DR  
NEW PORT RICHEY, FL 34655

**FEI Number:** 84-2458002

**Certificate of Status Desired:** No

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

CAVALANI, NICOLE  
3660 MONTCLAIR DR  
NEW PORT RICHEY, FL 34655 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 CAVALANI, NICOLE  
Address 3660 MONTCLAIR DR  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** NICOLE CAVALANI

**OWNER**

**02/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date