# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000251722

Entity Name: REVIVE CONSULTING PLUS, LLC

# **Current Principal Place of Business:**

1951 NW 7TH AVE 600 MIAMI, FL 33136

# **Current Mailing Address:**

1900 N BAYSHORE DRIVE #2204 MIAMI, FL 33132 US

# FEI Number: 81-3291183

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

SMITH, CAMILLE M 1900 N BAYSHORE DRIVE #2204 MIAMI, FL 33132 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

# Authorized Person(s) Detail :

TitleMS.NameCAMILLE, SMITH MAddress1900 N BAYSHORE DRIVE<br/>#2204City-State-Zip:MIAMI FL 33132

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.

FOUNDER

SIGNATURE: CAMILLE SMITH

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

03/02/2022 Date