

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000271283

**Entity Name:** ARBORVISUM LLC

**Current Principal Place of Business:**

3401 SW 12TH ST  
MIAMI, FL 33135

**Current Mailing Address:**

3401 SW 12TH ST  
MIAMI, FL 33135 US

**FEI Number: 84-3709118**

**Certificate of Status Desired: Yes**

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

CALVO, SHAVELLI  
3401 SW 12TH ST  
MIAMI, FL 33135 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            FETTER, NICOLAS  
Address        3401 SW 12TH ST  
City-State-Zip: MIAMI FL 33135

*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: FETTER, NICOLAS**

**OWNER**

**03/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date