

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000208301

**Entity Name:** VILLA CHRISTINA LLC

**Current Principal Place of Business:**

17201 COLLINS AVE UNIT 1206  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17201 COLLINS AVE UNIT 1206  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 85-2170782

**Certificate of Status Desired:** No

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

REZNIK, IAKOV  
17201 COLLINS AVE UNIT 1206  
SUNNY ISLES BEACH, FL 33160 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 NOVIKOVA, KRISTINA  
Address 17201 COLLINS AVE UNIT 1206  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MEMB  
Name REZNIK, IAKOV  
Address 17201 COLLINS AVE UNIT 1206  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MEMB  
Name REZNIK, NATALIA  
Address 17201 COLLINS AVE UNIT 1206  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** KRISTINA NOVIKOVA

MGR

04/30/2024

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

\_\_\_\_\_ Date