

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000390116

**Entity Name:** AZOOVI, L.L.C.

**Current Principal Place of Business:**

4540 POLYTECHNIC CIRCLE  
2507  
LAKELAND, FL 33805

**Current Mailing Address:**

5511 AUTUMN RIDGE RD  
203  
LAKELAND, FL 33805 US

**FEI Number:** 87-2501743

**Certificate of Status Desired:** No

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

KHACHERASHVILI, VOLODYMYR  
4540 POLYTECHNIC CIRCLE  
2507  
LAKELAND, FL 33805 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 KHACHERASHVILI, VOLODYMYR  
Address 4540 POLYTECHNIC CIRCLE, STE  
2507  
City-State-Zip: LAKELAND FL 33805

*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:** VOLODYMYR KHACHERASHVILI

AMBR

03/20/2024

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

\_\_\_\_\_  
Date