

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000361083

**Entity Name:** IVYS MULTISERVICES LLC

**Current Principal Place of Business:**

775 N UTOPIA STREET  
CLEWISTON, FL 33440

**Current Mailing Address:**

775 N UTOPIA STREET  
CLEWISTON, FL 33440 US

**FEI Number:** 93-2704068

**Certificate of Status Desired:** No

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

VIDAL ROS, IVET  
775 N UTOPIA STREET  
CLEWISTON, FL 33440 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 MGR  
Name VIDAL ROS, IVET  
Address 775 N UTOPIA STREET  
City-State-Zip: CLEWISTON FL 33440

*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:** IVET VIDAL ROS

MGR

04/29/2025

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

\_\_\_\_\_  
Date