

**2023 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B22000000536

**Entity Name:** VIVERE AL LP

**Current Principal Place of Business:**

4890 W. KENNEDY BLVD., STE. 900  
TAMPA, FL 33609

**Current Mailing Address:**

4890 W. KENNEDY BLVD., STE. 900  
TAMPA, FL 33609

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**General Partner Detail :**

Document #

Name VIVERE AL GP LLC

Address 4890 W. KENNEDY BLVD., STE. 900

City-State-Zip: TAMPA FL 33609

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIVERE AL GP LLC

**GENERAL PARTNER**

**03/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date