

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042147

FILED
Jul 08, 2008
Secretary of State

Entity Name: GUERREROREAVIS LLC

Current Principal Place of Business:

2605 SE 63RD AVENUE
OKEECHOBEE, FL 349741240 US

New Principal Place of Business:

Current Mailing Address:

103 TOWBRIDGE LANE
GOLDSBORO, NC 27534 US

New Mailing Address:

FEI Number: 20-8887556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

IVAN, GUERRERO
6490 SE HIGHWAY70
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

WILLIAM, REAVIS C
2605 SE 63RD AVENUE
OKEECHOBEE, FL 349741240 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: WILLIAM C REAVIS

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUERRERO, IVAN
Address: 2605 SE 63RD AVE
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGRM () Delete
Name: REAVIS, WILLIAM C
Address: 27123 CHAMOIS DR.
City-St-Zip: PUNTA GORDA, FL 33955 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: REAVIS, WILLIAM C
Address: 103 TOWBRIDGE LANE
City-St-Zip: GOLDSBORO, NC 27534 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM C REAVIS

MR

07/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date