


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000027001	
1. Entity Name POIVRET, LLC	
	
Principal Place of Business 104 SOUTH PARK AVENUE SANFORD, FL 32771	Mailing Address P.O. BOX 471291 LAKE MONROE, FL 32747



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2396422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HURLEY, J. VIRGIL JR. 104 SOUTH PARK AVENUE SANFORD, FL 32771
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000587376
01/17/07-80031-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURLEY, J. VIRGIL JR. P.O. BOX 471291 LAKE MONROE, FL 32747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURLEY, DENISE M P.O. BOX 471291 LAKE MONROE, FL 32747
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Denise M. Hurley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-12-07

Date

4073245636

Daytime Phone #