## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000057172

Entity Name: LA VANGA GROUP LLC

10556 NW 26 ST. SUITE D-101

DORAL, FL 33172 US

Address: City-St-Zip: FILED Apr 09, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9737 NW 41 ST., #615 MIAMI, FL 33178 **Current Mailing Address: New Mailing Address:** 9737 NW 41 ST., #615 MIAMI, FL 33178 U 10520 NW 26 STREET C 201 DORAL, FL 33172 US FEI Number: 20-1444308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CABANAS & ASSOCIATES, P.A. 10520 NW 26 ST., SUITE C-201 DORAL, FL 33172 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LAVANGA, GIOVANNI Name: Name: 10556 NW 26 ST. SUITE D-101 Address: Address: City-St-Zip: DORAL, FL 33172 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: DE LAVANGA, MARIA I Name: Address: 10556 NW 26 ST. SUITE D-101 Address: City-St-Zip: DORAL, FL 33172 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition LAVANGA, ANTHONY Name: Name: 10556 NW 26 ST. SUITE D-101 Address: Address: City-St-Zip: DORAL, FL 33172 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: LAVANGA, JOSE M Name: 10556 NW 26 ST. SUITE D-101 Address: Address: City-St-Zip: DORAL, FL 33172 US City-St-Zip: Title: Title: MGR ( ) Delete () Change () Addition LAVANGA, ANA C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: GIOVANNI LAVANGA MGRM 04/09/2008