2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004574

AVERY, LAURÉL

TAMPA, FL 33613

16205 SONSOLES DE AVILA

Name:

Address:

City-St-Zip:

Entity Name: AVERY FAMILY ENTERPRISES LLC

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
16205 SOI TAMPA, F	NSOLES DE A L 33613	AVILA			
Current Mailing Address:			New Mailing Address:		
16205 SOI TAMPA, F	NSOLES DE A L 33613	AVILA			
FEI Number	: 59-3645347	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
TAMPA, F	NSOLES DE A L 33613 U	S	purpose of changing its registe	red office or registered agent, or both	
SIGNATU					
SIGNATO		nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	AVERY, PAUL	LES DE AVILA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AVERY, SUZA	LES DE AVILA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AVERY, ALISC	LES DE AVILA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL E AVERY MGRM 03/01/2009