

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006511

FILED
Mar 12, 2008
Secretary of State

Entity Name: THE ARAVOT COMPANY, LLC

Current Principal Place of Business:

21545 CORMORANT COVE DRIVE
LAND O LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

PO BOX 2210
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3673876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, DEBRA S
21545 CORMORANT COVE DRIVE
LAND O LAKES, FL 34637 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: FLEMING, DEBRA S
Address: 21545 CORMORANT COVE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: MGRM () Delete
Name: FLEMING REVOCABLE LI, VING TRUST
Address: 21545 CORMORANT COVE
City-St-Zip: LAND O LAKES, FL 34637

Title: MGR () Delete
Name: FLEMING, RANDALL E
Address: 21545 CORMORANT COVE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

ADDITIONS/CHANGES:

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

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

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

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: DEBRA S. FLEMING

MGRM

03/12/2008

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