2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006511

City-St-Zip:

LAND O LAKES, FL 34637

Entity Name: THE ARAVOT COMPANY, LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21545 CORMORANT COVE DRIVE LAND O LAKES, FL 34637 **Current Mailing Address: New Mailing Address:** PO BOX 2210 LAND O LAKES, FL 34639 FEI Number: 59-3673876 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: FLEMING, DEBRAS 21545 CORMORANT COVE DRIVE LAND O LAKES, FL 34637 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 FLEMING, DEBRA S Name: Name: Address: 21545 CORMORANT COVE DRIVE Address: City-St-Zip: LAND O LAKES, FL 34637 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FLEMING REVOCABLE LIVING TRUST Name: Address: 21545 CORMORANT COVE Address: City-St-Zip: LAND O LAKES, FL 34637 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FLEMING, RANDALL E Name: Name: 21545 CORMORANT COVE DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: DEBRA S. FLEMING MGRM 04/27/2009