

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000016420

1. Entity Name
GAVINO INVESTMENTS, L.L.C.



Principal Place of Business
**230 SOUTH DIXIE HWY.
BOCA RATON, FL 33432**

Mailing Address
**230 SOUTH DIXIE HWY.
BOCA RATON, FL 33432**

FILED

06 APR 14 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112006 No Chg-LLC

CR2E083 (11/05)

06

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4. FEI Number
81-0565247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAVINO, VIRGINIA B
230 SOUTH DIXIE HWY.
BOCA RATON, FL 33432**

**DO NOT WRITE
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, typed 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAVINO, UGO
STREET ADDRESS	230 SOUTH DIXIE HWY.
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	GAVINO, VIRGINIA B
STREET ADDRESS	230 SOUTH DIXIE HWY.
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/06--01033--030 **250.00
**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4/11/06 (561) 315-7731