

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000025055**

1. Entity Name  
**C. V. INDUSTRIES, LLC**



Principal Place of Business  
**1832 WOODPOINTE DR  
WINTER HAVEN, FL 33884**

Mailing Address  
**1832 WOODPOINTE DR  
WINTER HAVEN, FL 33884**



04052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2075949**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VITTONI, DANTE J  
1832 WOODPOINTE DR  
WINTER HAVEN, FL 33884**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000896004  
04/24/08-80089-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	VITTONI, DANTE J
STREET ADDRESS	1832 WOODPOINTE DR.
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	MGRM
NAME	CLARK, STEVE
STREET ADDRESS	6660 HWY 544
CITY - ST - ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 #

*Dante J. Vittoni* 4-11-08 863 326 9600