

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L02000034346**

1. Entity Name

AVSER INVESTMENTS, LLC



Principal Place of Business

YOEL SARAF-M  
10101 COLLINS AVENUE, APARTMENT #19E  
BAL HARBOUR, FL 33154

Mailing Address

2688 S W 137 AVE  
MIAMI, FL 33175



02192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

22-3888238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J  
20803 BISCAYNE BLVD.  
SUITE 301  
AVENTURA, FL 33180

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE PT  
NAME SARAF, YOEL  
STREET ADDRESS 10101 COLLINS AVENUE, APARTMENT #19E  
CITY-ST-ZIP BAL HARBOUR, FL 33154

TITLE VPS  
NAME SARAF, RINA  
STREET ADDRESS 10101 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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IN THIS SPACE**

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03/07/07-80055-004 50.00

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

Date

Daytime Phone #

02-23-07 305-867-9671