

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

05-24-2004 90528 001 ****50.00

DOCUMENT # L03000015218

1. Entity Name
SAAVEK INVESTMENT GROUP, L.L.C.



Principal Place of Business
**13476 SUNSET LAKE CIRCLE
WINTER GARDEN, FL 34787**

Mailing Address
**13476 SUNSET LAKE CIRCLE
WINTER GARDEN, FL 34787**

34010431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number

03-0516455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **managing member** ☐ Delete
NAME **Jacqueline Lindsey**
STREET ADDRESS **13476 Sunset Lakes Circle**
CITY- ST- ZIP **Winter Garden, FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment

#203000015218

34010491

Income

11/12/03

*SAAVEK INVESTMENT GROUP LLC
LINDSEY JACQUELINE SOLE MEMBER
13476 SUNSET LAKE CIRCLE
WINTER GARDEN FL 34787*

Keep this part for your records.

CP 575 E (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0132838815

Your Telephone Number
()

Best Time to Call

DATE OF THIS NOTICE: 05-12-2003
EMPLOYER IDENTIFICATION NUMBER: 03-0516455
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

SAAVEK INVESTMENT GROUP LLC
LINDSEY JACQUELINE SOLE MEMBER
13476 SUNSET LAKE CIRCLE
WINTER GARDEN FL 34787