



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000023639 1. Entity Name SVM LLC	
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Principal Place of Business 11929 N STROHS DR SYRACUSE, IN 46567 US	Mailing Address P.O. BOX 159 INGLIS, FL 34449 US
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DO NOT WRITE IN THIS SPACE


01252008No Chg-LLC CR2E083 (12/07)
4. FEI Number 33-1064282 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
VAUGHN, RICHARD L
12481 W. FOSS GROVE PATH
INGLIS, FL 34449

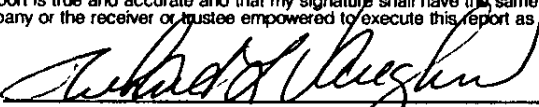
**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, WILLIAM F 11929 N STROHS DR SYRACUSE, IN 46567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHN, RICHARD L 12481 W FOSS GROVE PATH INGLIS, FL 34449
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02/12/08-80073-010 138.75
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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
1/25/2008 352634-5222
Date Daytime Phone #