## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000023728** 

1. Entity Name FLVÓ LLC



**FILED** Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

2931 BORINQUEN DRIVE KISSIMMEE, FL 34770 US Mailing Address

925 HERMANN SONS ROAD COMFORT, TX 78013



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01132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0063018

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

GOVERTSEN, NICOLE A 2931 BORINQUEN DRIVE KISSIMMEE, FL 34744

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	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 accide obligations of registered agent.	:ept
SI	SNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE-MRO, LP 925 HERMANN SONS ROAD COMFORT, TX 78013
TITLE NAME STREET ADDRESS CATY-ST-ZIP	
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 CUTY-ST-ZIP	

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

GREG GOVERTSEN