## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000027001 1. Entity Name POIVRET, LLC



FILED
Jan 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

104 SOUTH PARK AVENUE SANFORD, FL 32771 Mailing Address

P.O. BOX 471291

LAKE MONROE, FL 32747



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2396422		Applied For Not Applicab
5. Certificate of Status Desired		\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

HURLEY, J. VIRGIL JR. 104 SOUTH PARK AVENUE SANFORD, FL 32771

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named critity submits this statement for the purpose of change ions of registered agent.  Schaufe, typed or printed nemo of registered agent and title of applicable.	ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept    -   4-  8     (NOTE: Registered Agent signature required when reinstating)  DATE
FILE NOWIII FEE IS \$138.75 After May \$1, 2008 Fee will be \$538.75		
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  HURLEY, J. VIRGIL JR.  P.O. BOX 471291  LAKE MONROE, FL 32747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURLEY, DENISE M P.O. BOX 471291 LAKE MONROE, FL 32747	U00000789170 01/22/08-80016-004 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	
11. I hereby of indicated dimited liab	entify that the information supplied with this filling does not quit on this report is true and accurate and that my signature shall stillly company or the receiver or trustee empowered to execut	alify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I have the same legal effect as if made under oath; that I am a managing member or manager of the e this report as required by Chapter 608, Florida Statutes.