2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L03000035189

Entity Name: LAVEN HOLDINGS, LLC

Current Principal Place of Business:

6601 S MAGNOLIA AVENUE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476

New Mailing Address:

6601 S MAGNOLIA AVENUE
OCALA, FL 34476

FEI Number: 06-1709679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDDY, NAGENDER
6601 S MAGNOLIA AVENUE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

REDDY, N A MGR
6601 S MAGNOLIA AVENUE
OCALA, FL 34476 US

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.

SIGNATURE: NR 04/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: D.A REDDY& SA REDDY, TENANTS OF ENTIRITIES
Address: 3792 PARADISE POINTE
City-St-Zip: DULUTH, GA 30097

Title: MGR (X) Delete
Name: NA REDDY & KK REDDY TENANTS OF ENTIRITIES
Address: 6601 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NA REDDY & KK REDDY TENANTS OF ENTIRITIES
Address: 6601 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, F 34476 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NR MGR 04/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date