

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000054491**

1. Entity Name  
**SAVION, LLC**



Principal Place of Business  
**766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483 US**



04082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3145640**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MERENFELD, ISACK  
766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483**

**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**

000000895298

04/24/08-80064-003 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ABBO, MAYER S
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGRM
NAME	MERENFELD, ISACK
STREET ADDRESS	766 SE 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**MAYER S ABBO**

**4/8/08**

**561 2433352**

Date

Daytime Phone #