FILED
Jun 03, 2005 8:00 am
Secretary of State
01-31-2005 90203 014 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013847

1. Entity Name
SNVG, LLC

Principal Place of Business	Mailing Address
3055 ALATKA COURT LONGWOOD, FL 32779	3055 ALATKA COURT LONGWOOD, FL 32779

01082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1091 Medical Center Drive Suite 101
City & State	Orange City FL
Zip / Country	32763 / USA

4. FEI Number: 20-0764591 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIPPALGAONKAR, SUVARNA 3055 ALATKA COURT LONGWOOD, FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: X Suvarna Hippalgaonkar 1-27-2005
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing) (Date)

Filing Fee is $50.00 Due by May 1, 2005 — State check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS/CHANGES
TITLE managing member NAME Suvarna Hippalgaonkar STREET ADDRESS 3055 Alatka Ct CITY-ST-ZIP Longwood FL 32779 — 51% ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE shareholder NAME Neha Hippalgaonkar STREET ADDRESS Same as above — 16% ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE shareholder NAME Sonali Hippalgaonkar STREET ADDRESS Same as above — 16% ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE shareholder NAME Varna Hippalgaonkar 16% STREET ADDRESS Same as above ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Joint Shareholder NAME Mr. & Mrs. R. Hippalgaonkar STREET ADDRESS Same as above — 1% ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Business Mgr 5/1/05 386-774-2100
(SIGNATURE REQUIRED ON PRINTED FORMS BY OFFICER, DIRECTOR, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)