2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# L04000013847

Entity Name: SNVG, LLC

Current Principal Place of Business:

932 SAXON BLVD, SUITE A
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

932 SAXON BLVD. SUITE A
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-0764591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIPPALGAONKAR, SUVARNA
932 SAXON BLVD, SUITE A
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HIPPALGAONKAR, SUVARNA	
Address:	3055 ALATKA COURT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	SH	( ) Delete
Name:	HIPPALGAONKAR, NEHA	
Address:	3055 ALATKA COURT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	SH	( ) Delete
Name:	HIPPALGAONKAR, SONALI	
Address:	3055 ALATKA COURT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	SH	( ) Delete
Name:	HIPPALGAONKAR, VARUN	
Address:	3055 ALATKA COURT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	SH	( ) Delete
Name:	HIPPALGAONKAR, R MR+MRS	
Address:	3055 ALATKA COURT	
City-St-Zip:	LONGWOOD, FL 32779	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SUVARNA HIPPALGAONKAR MRS 03/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date