

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90353 046 \*\*\*\*50.00

**DOCUMENT # L04000055874**

1. Entity Name  
SAVION HOLDINGS, LLC



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

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

00004233



01232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
80-0116064

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE MGRM  
NAME WEIS, JAIME  
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

**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

Date

Daytime Phone #

01-23-06