

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

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



02212008No Chg-LLC

CR2E083 (12/07)

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

ORTIZ, MICHAEL ESQ
2121 PONCE DE LEON BLVD
330
CORAL GABLES, FL 33134

**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

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

000000883110
04/16/08-80067-021 138.75

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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 #