## **2008 LIMITED LIABILITY COMPANY**

## **FILED ANNUAL REPORT** May 30, 2008 08:00 AN Secretary of State **DOCUMENT # L04000075912** 1. Entity Name DAVÉVELIA, LLC Principal Place of Business Mailing Address 109 SE GRAHAM STREET 109 SE GRAHAM STREET PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 CR2E083 (12/07) 05092008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0743300 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEEKIN, JOHN CHARLES DO NOT WRITE 2525 HARBOR BLVD. STE. 102 IN THIS SPACE PORT CHARLOTTE, FL 33952 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) PILE NOWIII PEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. U00000952704 <del>na/04/00-00091-01</del> MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME BALLESTAS, DAVID S STREET ADDRESS 109 SE GRAHAM STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33952 TIΠF NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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 employeered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #