

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078833

Entity Name: FLOVEST, LLC

FILED  
Jan 28, 2009  
Secretary of State

**Current Principal Place of Business:**

500 S. OCEAN BOULEVARD  
APT 1007  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

500 S. OCEAN BOULEVARD  
APT 1007  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 34-2023899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWMARK, TRACY B ESQ  
2650 WEST STATE ROAD 84  
SUITE 101C  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

BAVELIS, GEORGE A  
500 S OCEAN BLVD  
UNIT #1007  
BOCA RATON, FL 33432 US

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: GEORGE A BAVELIS

01/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BAVELIS, GEORGE A  
Address: 500 S. OCEAN BOULEVARD APT 1007  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: QURESHI, MAHAMMAD  
Address: 500 S. OCEAN BLVD APT 1007  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

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: GEORGE A BAVELIS

MGR

01/28/2009

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