


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90317 001 ****50.00

DOCUMENT # L04000079023 1. Entity Name LAVA, LLC	
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Principal Place of Business 138 PALM COAST PARKWAY NE SUITE 115 PALM COAST, FL 32137	Mailing Address 138 PALM COAST PARKWAY NE SUITE 115 PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1822978	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, AGUSTIN 14 WOODFORD LANE PALM COAST, FL 32164	DO NOT WRITE IN THIS SPACE
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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.

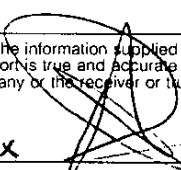
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, AGUSTIN 14 WOODFORD PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALBUTO, JAMES 13 FENHILL LANE PALM COAST, FL 32137
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**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: X  **Agustin R Rodriguez** **4.30.07** **(386) 931-5351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #