2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

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1. Entity Name
AVITAH, LC

Principal Place of Business	Mailing Address
4288 PINNACLE STREET PORT CHARLOTTE, FL 33980 US	4288 PINNACLE STREET PORT CHARLOTTE, FL 33980 US

01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K ESQ
407 EAST MARION AVENUE STE 101
PUNTA GORDA, FL

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)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BRUNDERMAN, BRIAN
STREET ADDRESS	2095 TINKER STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	MGR
NAME	BRUNDERMAN, LORI
STREET ADDRESS	2095 TINKER STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	MGR
NAME	SOTO, LUIS
STREET ADDRESS	12976 S.W. DAVID DRIVE
CITY-ST-ZIP	LAKE SUZY, FL 34269
TITLE	MGR
NAME	HERNANDEZ, ANNA
STREET ADDRESS	12976 S.W. DAVID DRIVE
CITY-ST-ZIP	LAKE SUZY, FL 34269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80037-006 50.00

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 Brian P Brunderman 1/04/07 941-625-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #