

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000093311 1. Entity Name AVITAH, LC	
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Principal Place of Business 4288 PINNACLE STREET PORT CHARLOTTE, FL 33980 US	Mailing Address 4288 PINNACLE STREET PORT CHARLOTTE, FL 33980 US
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DO NOT WRITE IN THIS SPACE



01222008No Chg-LLC

CR2E083 (12/07)

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	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 _____
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

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

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02/20/08-80069-016-138.75

**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: Brian P. Brunderman 02-08-08 941-625-4564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BRIAN P. BRUNDERMAN