

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012257

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** FLAVA PUFF, LLC

**Current Principal Place of Business:**

2000 N.W. 150 AVE.  
SUITE 2120  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

2000 N.W. 150 AVE.  
SUITE 2120  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 20-2327431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHADOWITZ, BETH I ESQ.  
551 NORTHWEST 77TH STREET  
102  
BOCA RATON, FL 33487 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TOTH, RICHARD  
**Address:** 10900 SOPHIA CT  
**City-St-Zip:** HUNTINGTON, PA 15642

**Title:** MGRM  
**Name:** COUTURE, BRIAN  
**Address:** 200 NW 150 AVE SUITE 2120  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** MGRM  
**Name:** ERWIN, BILLY  
**Address:** 2000 NW 150 AVE SUITE 2120  
**City-St-Zip:** PEMBROKE PINES, FL 33028

I hereby 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:** ELIZABETH PHELPS

COO

04/01/2011

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