2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L05000016754

Entity Name: CVA ENTERPRISES, L.L.C.

Current Principal Place of Business:

1879 NIGHTINGALE LANE
SUITE C-1
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

1879 NIGHTINGALE LANE
SUITE C-1
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 20-2358717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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	( ) Delete
Name:	LESMES, JULIO H	
Address:	1879 NIGHTINGALE LANE, SUITE C-1	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	MGR	( ) Delete
Name:	GOSS, SAMUEL J	
Address:	1879 NIGHTINGALE LANE, SUITE C-1	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	MGR	( ) Delete
Name:	CABALLERO, ALEJANDRO A	
Address:	1879 NIGHTINGALE LANE, SUITE C-1	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	MGR	( ) Delete
Name:	FRAIFELD, MOISES	
Address:	1879 NIGHTINGALE LANE, SUITE C-1	
City-St-Zip:	TAVARES, FL 32778 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SAMUEL J GOSS DR 01/28/2009

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