

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022541

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: LAVON, L.L.C.

## Current Principal Place of Business:

106 SHEPHERD RD  
MANCHESTER, NH 03104

## New Principal Place of Business:

8 CASTLE HILL RD  
WINDHAM, NH 03087 US

## Current Mailing Address:

106 SHEPHERD RD  
MANCHESTER, NH 03104

## New Mailing Address:

8 CASTLE HILL RD  
WINDHAM, NH 03087 US

FEI Number: 20-2741863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAVON, RONIE  
12403 JEWEL STONE LANE  
FT MYERS, FL 33913 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: LAVON, RONIE  
Address: 106 SHEPHERD RD  
City-St-Zip: MANCHESTER, NH 03104

Title: MGR ( ) Delete  
Name: LAVON, SANDRA K  
Address: 106 SHEPHERD RD  
City-St-Zip: MANCHESTER, NH 03104

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LAVON, RONIE  
Address: 8 CASTLE HILL RD  
City-St-Zip: WINDHAM, NH 03087 US

Title: MGR (X) Change ( ) Addition  
Name: LAVON, SANDRA K  
Address: 8 CASTLE HILL RD  
City-St-Zip: WINDHAM, NH 03087 US

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: RONIE LAVON

MGR

01/20/2008

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