


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000022705 1. Entity Name KAVAL, L.L.C.	
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Principal Place of Business 315 NORTH GROVE STREET EUSTIS, FL 32726	Mailing Address 315 NORTH GROVE STREET EUSTIS, FL 32726
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2450897	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

PATEL, JITENDRA
 315 N GROVE ST
 EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000786659
 01/17/08-80048-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, JITENDRA 315 N GROVE ST EUSTIS, FL 32726
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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: *Jitendray K. Patel* *1-12-08* *352-3579015*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #