



FILED  
Mar 28, 2008 08:00 A  
Secretary of State

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000025279</b>		
1. Entity Name SAVELLE INVESTMENT DYNAMICS, LLC		
Principal Place of Business 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067 US		Mailing Address 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03202008 No Chg-LLC CR2E083 (12/07)
		4. FEI Number 20-2453401 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  SOLITT, JANET 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Janet Solitt</u> <u>Janet Solitt</u> <u>3/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing) DATE</small>		
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000873057 04/10/08-80063-015 138.75		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVELLE, SIDNEY H 5521 UNIVERSITY DRIVE #103 CORAL SPRINGS, FL 33067	
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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 <u>Sidney H Savelle</u> <u>3/20/08</u> <u>9543455555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <u>Sidney Savelle</u>		