

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028056

Entity Name: CITIVEST GROUP LLC

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

2515 E SEMORAN BLVD
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2515 E SEMORAN BLVD
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-2548001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, NORMAN S ESQ.
813 E MICHIGAN ST
ORLANDO, FL 32856 US

Name and Address of New Registered Agent:

BOWEN, VICTORIA L
2515 E SEMORAN BLVD
APOPKA, FL 32703 US

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: VICTORIA L BOWEN

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SZANYI, WESLEY K
Address: 8237 WELLSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM () Delete
Name: BOWEN, VICTORIA L
Address: 8237 WELLSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM () Delete
Name: ORTEGA, ROBERT
Address: 289 LAURNBERG LANE
City-St-Zip: OCCOEE, FL 34761 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:

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: VICTORIA L BOWEN

MGRM

03/11/2008

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