


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000040916**

1. Entity Name  
**AVITRAN, LLC**



Principal Place of Business <b>PRESTO CLEANERS</b> <b>1013 S. UNIVERSITY DRIVE</b> <b>PLANTATION, FL 33324 US</b>	Mailing Address <b>PRESTO CLEANERS</b> <b>1013 S. UNIVERSITY DRIVE</b> <b>PLANTATION, FL 33324 US</b>
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>32-0147432</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, AMIT**  
**1013 S. UNIVERSITY DRIVE**  
**PLANTATION, FL., FL 33324**

**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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

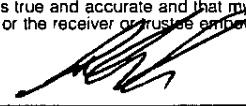
UG00000761085  
 05/25/07-80941-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, AMIT 110 NW 117 TH TERRACE PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, J. HEMALI 110 NW 117TH TERRACE PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, NIRMALA 2063 W HAWKEN WAY CHANDLER, AZ 85248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/30/07** **954-424-1728**

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