

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000048894

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** HAVLOFTS INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

C/O GARCIA ESPINOSA & MIYARES COMPANY  
100 ALMERIA AVENUE, SUITE 230  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARCIA ESPINOSA & MIYARES COMPANY  
100 ALMERIA AVENUE, SUITE 230  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOHATCH, JOHN S ESQ  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES, FL 33134      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: MGRM  
Name: SANDRI, DAVID M  
Address: 100 ALMERIA AVENUE, SUITE 230  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: PIETRA, MANUEL S  
Address: P.O. BOX 143509  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: JUDY RODRIGUEZ

ADM

04/23/2010

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