


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000049553 1. Entity Name SAVVY SOIREE, LLC	
---	---

Principal Place of Business 17820 ARBOR GREENE DRIVE TAMPA, FL 33647	Mailing Address 10006 CROSS CREEK BLVD PMB 438 TAMPA, FL 33647
--	--

DO NOT WRITE IN THIS SPACE



03152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2857007	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 SMITH, JANET K MS. 17820 ARBOR GREENE DRIVE TAMPA, FL 33647
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

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

UD00000706143
04/24/07-80021-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E SMITH, JANET K 17820 ARBOR GREENE DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  Janet K. Smith	Date <u>4/2/07</u>	Daytime Phone # <u>813-541-3248</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		