

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000083954

1. Entity Name
AVAIL INVESTMENT FLA., LLC



Principal Place of Business
**1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062**

Mailing Address
**1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062**



08222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3546828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIFKA, MARWAN
1199 HILLSBORO MILE UNIT 129
HILLSBORO BEACH, FL 33062**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNDLEY, PATRICK V PO BOX 158 GRANDVILLE, MI 494680158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONKER, DENNIS G PO BOX 158 GRANDVILLE, MI 494680158
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08/28/07-800001-017 50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/24/07