

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085697

Entity Name: CARVELLI HOLDINGS, LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

183 NW WILLOW GROVE AVENUE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 880124
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 30-0338069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVELLI, JOHN J MGRM
183 NW WILLOW GROVE AVENUE
PORT ST. LUCIE, FL 34986 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: MR. () Delete
Name: CARVELLI, JOHN J MGRM
Address: 183 NW WILLOW GROVE AVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MR () Delete
Name: CARVELLI, KAROL MGRM
Address: 183 NW WILLOW GROVE AVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS. (X) Change () Addition
Name: CARVELLI, KAROL MGRM
Address: 183 NW WILLOW GROVE AVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: JOHN CARVELLI

MGRM

04/28/2007

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