


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # L05000105790 1. Entity Name LAVOIE SERVICES, LLC	
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Principal Place of Business P.O. BOX 414 VALRICO, FL 33595	Mailing Address P.O. BOX 414 VALRICO, FL 33595
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DO NOT WRITE IN THIS SPACE



05292007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2540636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RORY B. WEINER, P.A.
669A WEST LUMSDEN RD
BRANDON, FL 33511**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVOIE, STEVEN M P.O. BOX 414 VALRICO, FL 33595
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06/01/07-80012-006 50.00

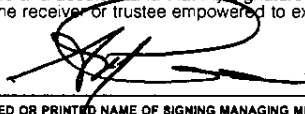
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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 #

 **STEVEN M. LAVOIE** **5-28-07** **813-661-8090**