

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001937

Entity Name: CLAUDAVERI, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

10097 CLEARY BLVD. #289
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10097 CLEARY BLVD. #289
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-4021370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLUM, DAVID
10097 CLEARY BLVD. #289
PLANTATION, FL 33324 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 () Delete
Name: BLUM, DAVID
Address: 10097 CLEARY BLVD. #289
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: RIMOLI, CLAUDIA
Address: 4709 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: BLUM, ERIC
Address: 2417 OLD HIGHWAY 49
City-St-Zip: ASHEBORO, NC 27205

ADDITIONS/CHANGES:

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

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

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

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: DAVID M. BLUM

MGMR

05/01/2009

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