



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90115 024 \*\*\*\*50.00

<b>DOCUMENT # L06000097488</b> 1. Entity Name <b>MICHAEL LAVIOLA, LLC</b>					
Principal Place of Business 79901 OVERSEAS HIGHWAY, UNIT 501 ISLA MORADA, FL 33036			Mailing Address 79901 OVERSEAS HIGHWAY, UNIT 501 ISLA MORADA, FL 33036		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
6. Name and Address of Current Registered Agent  LAVIOLA, MICHAEL 79901 OVERSEAS HIGHWAY, UNIT 501 ISLA MORADA, FL 33036				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVIOLA, MICHAEL 79901 OVERSEAS HIGHWAY, UNIT 501 ISLA MORADA, FL 33036		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Date: <b>6/25/07</b> Daytime Phone #: <b>305-664-0164</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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06192007    Chg-LLC    CR2E083 (12/06)

4. FEI Number **20-5776054**    Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required