

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013509

Entity Name: ASTAVON LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

9902 NW 20TH STREET
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

9902 NW 20TH STREET
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 83-0484986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

PARKER, DONOVAN L
99 N.W. 183RD STREET
MIAMI, FL 33169 US

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: GAYLE, ASTLEY F JR.
Address: 9902 NW 20TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR () Delete
Name: GAYLE, DOROTHY V
Address: 9902 NW 20TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR () Delete
Name: CHOW, CLAUDETTE
Address: 8180 NW 51ST STREET
City-St-Zip: LAUDERHILL, FL 33351

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: ASTLEY GAYLE JR.

MR.

05/01/2009

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