

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jul 14, 2008 8:00 am
Secretary of State

05-30-2008 90017 010 ****50.00
07-14-2008 90099 015 ****88.75

DOCUMENT # L07000019798

1. Entity Name
SAVA GROUP LLC



Principal Place of Business
6451 SW 74 STREET
MIAMI, FL 33143

Mailing Address
6451 SW 74 STREET
MIAMI, FL 33143

60044836

2. Principal Place of Business - No P.O. Box #

1525 EUCLID AVE. APT 17

3. Mailing Address

Suite, Apt. #, etc.

05082008 Chg-LLC CR2E083 (12/08)

City & State

MIAMI BEACH

City & State

FL

4. FEI Number

731670376

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKOVIC, TIANA PEREZ
6451 SW 74 STREET
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

MAY 1, 2008

DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MARKOVIC, TIANA PEREZ
STREET ADDRESS 6451 SW 74 STREET
CITY-ST-ZIP MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MARKOVIC, TIANA PEREZ
STREET ADDRESS 1525 EUCLID AVE, MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE MGRM
NAME MARKOVIC PEREZ, TIANA
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MAY 1, 2008

Date

(305) 527-4342

Daytime Phone

ATTACHMENT

60044836

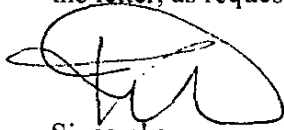
#207000019798

July 10, 2008

ATTN: Division of Corporations

Dear Representative:

I would like to ask you to accept the additional payment and corrections made to the filing of the report. Due the change in address of the company, I was not able to receive the document to my hands in a timely manner; in fact, the postal office did not re-route the letter, as requested at the time of the move, sending your notice to the old address.



Sincerely,

Tiana Perez Markovic