


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

04-10-2008 90129 042 ***150.00

DOCUMENT # L07000039860																							
1. Entity Name SAOUA, LLC																							
Principal Place of Business 3785 AIRPORT ROAD, STE B-2 NAPLES, FL 34105			Mailing Address 3785 AIRPORT ROAD, STE B-2 NAPLES, FL 34105																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		Zip																			
Country		Country		Country																			
4. FEI Number 20-886 4014																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																							
6. Name and Address of Current Registered Agent GFPAC SERVICES, LLC 5551 RIDGEWOOD DRIVE, STE 501 NAPLES, FL 34108																							
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																				
9. MANAGING MEMBERS/MANAGERS																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> TITLE MEMBER NAME Lanuzza, Gerardo O STREET ADDRESS 3566 Midas place CITY-ST-ZIP Naples FL 34105 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE MGR NAME Lanuzza, Corazon V STREET ADDRESS 3566 Midas Place CITY-ST-ZIP Naples FL 34105 </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td style="text-align: center;"> <input type="checkbox"/> Delete </td></tr> <tr><td> </td><td style="text-align: center;"> <input type="checkbox"/> Delete </td></tr> <tr><td> </td><td style="text-align: center;"> <input type="checkbox"/> Delete </td></tr> <tr><td> </td><td style="text-align: center;"> <input type="checkbox"/> Delete </td></tr> </table>						TITLE MEMBER NAME Lanuzza, Gerardo O STREET ADDRESS 3566 Midas place CITY-ST-ZIP Naples FL 34105	<input type="checkbox"/> Delete	TITLE MGR NAME Lanuzza, Corazon V STREET ADDRESS 3566 Midas Place CITY-ST-ZIP Naples FL 34105	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete						
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10. ADDITIONS/CHANGES																							
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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: <u>Gerardo Lanuzza</u> 3/17/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																							