2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069451

Entity Name: FLVILLAS, LLC

Address:

City-St-Zip:

517 MIRAMAR AVENUE

DAVENPORT, FL 33896

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 517 MIRAMAR AVENUE DAVENPORT, FL 33896 **Current Mailing Address: New Mailing Address:** 9718 SEAMAN ROAD UNION, IL 60180 FEI Number: 22-3965996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete STADDLER, TAMARA L Name: Name: Address: 517 MIRAMAR AVENUE Address: City-St-Zip: DAVENPORT, FL 33896 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: STADDLER, DEBRA A Name: Address: 517 MIRAMAR AVENUE Address: City-St-Zip: DAVENPORT, FL 33896 City-St-Zip: Title: () Delete Title: () Change () Addition STADDLER, MATTHEW J Name: Name: 517 MIRAMAR AVENUE Address: Address: City-St-Zip: DAVENPORT, FL 33896 City-St-Zip: Title: () Delete Title: () Change () Addition STADDLER, MORGAN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MATTHEW J STADDLER ST 03/01/2009