

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095630

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUPO LAVO LLC

Current Principal Place of Business:

151 E. WASHINGTON STREET
SUITE 418
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

151 E. WASHINGTON STREET
SUITE 418
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 26-1098414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLEY & COMPANY, PL
1517 E. HILLCREST STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: EDMONDSON, JOSHUA
Address: 151 E. WASHINGTON STREET SUITE 418
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: EDMONDSON, C. DANIEL
Address: 151 E. WASHINGTON STREET SUITE 418
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: FANGMAN, BRYAN
Address: 151 E. WASHINGTON STREET SUITE 418
City-St-Zip: ORLANDO, FL 32801

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: BRYAN R. FANGMAN

MGRM

04/30/2008

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