


FILED
Apr 10, 2008 8:00 am
Secretary of State

UUUWAW

DOCUMENT # L07000097943				04-10-2008 90124 024 ***138.75	
1. Entity Name SAVANA SINGS LLC					
Principal Place of Business 7519 HARBOR VIEW WAY NORTH SEMINOLE, FL 33776 US		Mailing Address 9996 SEMINOLE BLVD SEMINOLE, FL 33772 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0814050	
6. Name and Address of Current Registered Agent SEMINOLE ACCOUNTANTS, INC. 9996 SEMINOLE BLVD SEMINOLE, FL 33772		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADCLIFFE, VANESSA 7519 HARBOR VIEW WAY NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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: Vanessa Radcliffe		4/8/08		727-319-6345	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	