2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L07000126759

Entity Name: REAL VALUE ENTERPRISES, LLC

Current Principal Place of Business:

10577 WOODLAND WATERS BLVD
WEEKI WACHEE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

10577 WOODLAND WATERS BLVD
WEEKI WACHEE, FL 34613 US

New Mailing Address:

FEI Number: 26-1636646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANNONE, WALTER A
10577 WOODLAND WATERS BLVD
WEEKI WACHEE, FL 34613 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: MGR ( ) Delete
Name: PANNONE, WALTER A
Address: 10577 WOODLAND WATERS BLVD
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MGRM ( ) Delete
Name: ENTRUST ARIZONA FBO WALTER PANNONE IRA
Address: 10860 N TATUM BLVD #240
City-St-Zip: PHOENIX, AZ 85050 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: PANNONE, PATRICIA A
Address: 10577 WOODLAND WATERS BLVD
City-St-Zip: WEEKI WACHEE, FL 34613 US

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: WALTER A. PANNONE MGR 04/08/2009

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