

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058451

FILED
Aug 04, 2009
Secretary of State

Entity Name: CAVAN ENTERPRISES, LLC.

Current Principal Place of Business:

102 NORTHEAST 2ND STREET
185
BOCA RATON, FL 33432 US

Current Mailing Address:

PO BOX 5203
LIGHTHOUSE POINT, FL 33074 US

New Principal Place of Business:

6278 NORTH FEDERAL HIGHWAY
491
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

6278 NORTH FEDERAL HIGHWAY
491
FORT LAUDERDALE, FL 33308 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAVAN, DEREK
102 NORTHEAST 2ND STREET
185
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

CAVAN, DEREK
6278 NORTH FEDERAL HIGHWAY
491
FORT LAUDERDALE, FL 33308 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: DEREK CAVAN

08/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CAVAN, DEREK
Address: 102 NORTHEAST 2ND STREET, SUITE 185
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: CAVAN, DEREK
Address: 6278 NORTH FEDERAL HIGHWAY, SUITE 491
City-St-Zip: FORT LAUDERDALE, FL 33308 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: DEREK CAVAN

P

08/04/2009

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