

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040443

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** CLAVIR BUSINESS INVESTMENTS, LLC

**Current Principal Place of Business:**

2721 SOUTH US HIGHWAY ONE  
UNIT 14  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

11354 SW ROCKINGHAM DRIVE  
PORT ST. LUCIE, FL 34987 US

**Current Mailing Address:**

11354 SW ROCKINGHAM DRIVE  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

11354 SW ROCKINGHAM DRIVE  
PORT ST. LUCIE, FL 34987 US

**FEI Number:** 90-0474209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLAVIR, LESLIE M  
11354 SW ROCKINGHAM DRIVE  
PORT ST. LUCIE, FL 34987 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  
**Name:** CLAVIR, LESLIE M  
**Address:** 11354 SW ROCKINGHAM DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34987 US

**Title:** MGRM  
**Name:** CLAVIR, ANGELA N  
**Address:** 11354 SW ROCKINGHAM DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34987 US

I hereby 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:** LESLIE M. CLAVIR

MGRM

02/01/2010

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