

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000015972

**Entity Name:** RAVELO ENTERPRISES, LLC.

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

448 W. MADISON ST.  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

519 ISLAMORADA DRIVE SOUTH  
MACCLENLY, FL 32063

**New Mailing Address:**

**FEI Number:** 32-0303958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAVELO, VICTOR  
519 ISLAMORADA DRIVE SOUTH  
MACCLENLY, FL 32063 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:** RAVELO, VICTOR  
**Address:** 519 ISLAMORADA DR SOUTH  
**City-St-Zip:** MACCLENLY, FL 32063

**Title:** MGRM  
**Name:** RAVELO, FRANCISCO  
**Address:** 521 SW RANDALL TERRACE  
**City-St-Zip:** LAKE CITY, FL 32024

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:** VICTOR RAVELO

MGRM

03/20/2011

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