

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000001642

1. Entity Name  
AVK EQUIPMENT, LLC



Principal Place of Business  
2326 W. 78TH STEEET  
HIALEAH, FL 33016

Mailing Address  
2326 W. 78TH STEEET  
HIALEAH, FL 33016



04202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-2963523

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RUTHERFORD, MULHALL & WARGO, P.A.  
2600 N. MILITARY TRAIL  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000137343  
04/29/04-80036-011 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WRIGHT, CLIFF
STREET ADDRESS	2311 TEXAS DRIVE, SUITE 105
CITY - ST - ZIP	IRVING, TX 75062
TITLE	MGRM
NAME	SAVA GROUP, LTD.
STREET ADDRESS	2311 TEXAS DRIVE, SUITE 105
CITY - ST - ZIP	IRVING, TX 75062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/4

Date

305-558-4996

Daytime Phone #

Charla Wright-Adkins