## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000004708

Entity Name: L'AVOD ENTERPRISES, LLC

FILED Aug 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1517 LEVY AVENUE, STE. 114 TALLAHASSEE, FL 32310

Current Mailing Address: New Mailing Address:

1517 LEVY AVENUE, STE. 114 1517 LEVY AVENUE,

TALLAHASSEE, FL 32310 SUITE 114

TALLAHASSEE, FL 32310

FEI Number: 87-0570586 FEI Number Applied For ( ) 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: Name and Address of New Registered Agent:

SORIA, RAUL SORIA, RAUL 1517 LEVY AVENUE, STE. 114 SORIA, RAUL 1517 LEVY AVENUE,

TALLAHASSEE, FL 32310 US SUITE 114
TALLAHASSEE, FL 32310 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: 08/13/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SORIA, RAUL
 Name:

 Address:
 1517 LEVY AVENUE, STE. 114
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32310
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SORIA, SUSI
 Name:

 Address:
 1517 LEVY AVENUE, STE. 114
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32310
 City-St-Zip:

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: RAUL SORIA MAG 08/13/2007