

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004708

FILED  
Jul 19, 2008  
Secretary of State

Entity Name: L'AVOD ENTERPRISES, LLC

**Current Principal Place of Business:**

1517 LEVY AVENUE, STE. 114  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

1517 LEVY AVENUE,  
SUITE 114  
TALLAHASSEE, FL 32310

**New Mailing Address:**

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  
1517 LEVY AVENUE,  
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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SORIA, RAUL  
Address: 1517 LEVY AVENUE, STE. 114  
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGR ( ) Delete  
Name: SORIA, SUSI  
Address: 1517 LEVY AVENUE, STE. 114  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BRADHAM, TAMIKO  
Address: 1517 LEVY AVENUE, STE. 114  
City-St-Zip: TALLAHASSEE, FL 32310

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: TAMIKO BRADHAM

MGR

07/19/2008

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