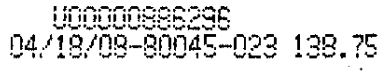
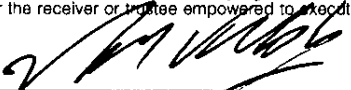


FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # L03000013201			
1. Entity Name AVISTA TECHNOLOGIES, LLC			
Principal Place of Business 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811		Mailing Address 5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811	
DO NOT WRITE IN THIS SPACE			
		01112008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 54-2107988	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALBH, ANIL 5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811		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			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALBH, ANIL 5353 CONROY RD STE 200 ORLANDO, FL 32811		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 4/2/08 Daytime Phone #: 4075819000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			