


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000031749</b> 1. Entity Name <b>AVANTI WEALTH MANAGEMENT, LLC</b>	
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Principal Place of Business <b>100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750</b>	Mailing Address <b>100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750</b>
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-0189388</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  BILELLO, JOSEPH J 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000936683  
05/27/08-80021-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	BILELLO, JOSEPH
STREET ADDRESS	100 CROWN OAK CENTRE DR
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	MGRM
NAME	BILELLO, LEISA
STREET ADDRESS	100 CROWN OAK CENTRE DR
CITY-ST-ZIP	LONGWOOD, FL 32750
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 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:** \_\_\_\_\_      4/28/08      407-331-7330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #