

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031749

FILED
Apr 07, 2009
Secretary of State

Entity Name: AVANTI WEALTH MANAGEMENT, LLC

Current Principal Place of Business:

100 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

110 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

Current Mailing Address:

100 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Mailing Address:

110 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

FEI Number: 20-0189388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILELLO, JOSEPH J
100 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

BILELLO, JOSEPH J
110 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 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: _____

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BILELLO, JOSEPH
Address: 100 CROWN OAK CENTRE DR
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM (X) Delete
Name: BILELLO, LEISA
Address: 100 CROWN OAK CENTRE DR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BILELLO, JOSEPH
Address: 110 CROWN OAK CENTRE DR
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
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: JOSEPH BILELLO

MGRM

04/07/2009

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