

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000002280

**Entity Name:** AVATREX, LLC

**Current Principal Place of Business:**

1605 MAIN STREET, SUITE 503  
SARASOTA, FL 34236

**Current Mailing Address:**

1605 MAIN STREET, SUITE 503  
SARASOTA, FL 34236 US

**FEI Number:** 35-2435133

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MASCIO, GINA L  
1605 MAIN STREET, SUITE 503  
SARASOTA, FL 34236 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

**Authorized Person(s) Detail :**

Title MGRM  
Name SIMKINS, RONALD T  
Address 1605 MAIN STREET, SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title MGRM  
Name LAMBERT, ARTHUR D  
Address 1605 MAIN STREET, SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name LAMBERT, ARTHUR D JR.  
Address 1605 MAIN STREET, SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name MASCIO, GINA L  
Address 1605 MAIN STREET, SUITE 503  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name GIAMMARCO, RALPH  
Address 5466 S WESTRIDGE DR  
City-State-Zip: NEW BERLIN WI 53151

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GINA MASCIO

**VICE PRESIDENT**

**03/09/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date