2001 UNIFORM BUSINESS REPORT (UBR)					
	MENT# LOOO	00008771			
1. Entity Name AVA MANAGEMENT LLC				· · · · · · · · · · · · · · · · · · ·	
				FILED	
Principal Plac	ce of Business	Mailing Address		81 : E: M9 : PH PL 10:	
849 WYMORE ROAD. SUITE 50A 849 WYMORE ROAD. SU ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS F				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
, ALIAMONIE	SCHROOL E VELLA	REFAMORIE OF RINGO	L <i>021</i> 14	TACLAMASSEE, FLORIDA	
2. Principal F	Place of Business	3. Mailing Address	· ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat		City & State	200 - V _ 100 - V	ستاها الرابيان المعجد مرتباطيا المجد ليداني الرساسة الما المجد الرابية	
,				52 -2259043 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  Name			Name	7. Name and Address of New Registered Agent	
ABRIOLA, GARY 849 WYMORE ROAD, SUITE 50A		Street Addre	ess (P.O. Box Number is Not Acceptable)		
•	NTE SPRINGS FL 32714	•			
			City	FL Zip Code	
8. The above	he 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 .	SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
	Signatura, space of prince realist or registered agei				
-	Street and the second of the s		OW!!! FEE IS \$50. yable to Departmen		
9.	MANAGING MEMI	BERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE NAME	MGR ABRIOLA, ANTHONY V	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5013 BERMUDA CIRCLE ORLANDO FL 32808		STREET ADDRESS CITY-ST-ZIP		
TITLE .	MGR ABRIOLA, VIOLET	☐ Delete	TITLE	Change — Addition	
STREET ADDRESS	5013 BERMUDA CIRCLE		NAME STREET ADDRESS	300003568273-28"\ -01/23/0101031020 *****50.00 ******50.00 \	
CITY-ST-ZIP TITLE	ORLANDO FL 32808	Delete	CITY-ST-ZIP TITLE	*****50.00 *****50.00	
NAME STREET ADDRESS	15	. —	NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
NĀME MĀĒE		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS	The second secon		- STREET ADDRESS		
TITLE NAME		☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	2 Section 110 07/2Vi) Florido Clatita - Li internación	
ii iulicateu i	1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.				
CICNATURE: MATERIAN SELECTION SELECT					
SIGNATURE: SIGNATURE: SIGNATURE AND EVENT OF SIGNING MANAGING MEMBER, WANAGER OF AUTHORIZED REPRESENTATIVE Date Daytime Phone #					