

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90122 022 \*\*\*138.75

**DOCUMENT # L00000008771**

1. Entity Name  
**AVA MANAGEMENT LLC**



Principal Place of Business  
**849 WYMORE ROAD, SUITE 50A  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**849 WYMORE ROAD, SUITE 50A  
ALTAMONTE SPRINGS, FL 32714**

**60027129**



04032008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2259045**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ABRIOLA, GARY  
849 WYMORE ROAD, SUITE 50A  
ALTAMONTE SPRINGS, FL 32714**

**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 *Gary Abriola*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/08**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ABRIOLA, ANTHONY V  
1737 DOGWOOD FOREST WAY  
LAKE MARY, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ABRIOLA, VIOLET E  
1737 DOGWOOD FOREST WAY  
LAKE MARY, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
Abriola, Gary  
1737 Dogwood Forest way  
Lake Mary, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: *Gary Abriola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/4/08**  
Date

**407.783  
0077**  
Daytime Phone #