2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 03, 2007 8:00 am
Secretary of State
03-15-2007 90133 024 ****50.00

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03132007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
AVIA ENVIRO, LLC

Principal Place of Business	Mailing Address
6407 MARLBERRY DRIVE ORLANDO, FL 32819	6407 MARLBERRY DRIVE ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5769 Valerian Blvd	5769 Valerian Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32819 Country: Orange	Zip: 32819 Country: Orange

4. FEI Number 59-3673577 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, LEE A 6407 MARLBERRY DRIVE ORLANDO, FL 32819	Name: Williams, Lee A. Street Address (P.O. Box Number is Not Acceptable): 5769 Valerian Blvd City: Orlando FL Zip Code: 32819

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES X		
TITLE	OWNR OWNER/PRESIDENT	☐ Delete	TITLE	~~OWNR~~ OWNER/PRESIDENT	☒ Change ☐ Addition
NAME	WILLIAMS, LEE A		NAME	WILLIAMS, LEE A	
STREET ADDRESS	6407 MARLBERRY DRIVE		STREET ADDRESS	5769 Valerian Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	OWNR OWNER/VICE-PRESIDENT	☐ Delete	TITLE	~~OWNR~~ OWNER/VICE PRESIDENT	☒ Change ☐ Addition
NAME	WILLIAMS, TERESA D		NAME	WILLIAMS, TERESA D	
STREET ADDRESS	6407 MARLBERRY DRIVE		STREET ADDRESS	5769 Valerian Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

Teresa D. Williams

SIGNATURE: Teresa D. Williams 3/13/07 407-370-0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Teresa D Williams, corrections made