

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015239

1. Entity Name

AVALANCHE TECHNOLOGY, LLC

Principal Place of Business

Mailing Address

FILED

01 APR 19 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1020 E. LAFAYETTE ST.

Suite, Apt. #, etc.

SUITE 106

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

3. Mailing Address

1020 E. LAFAYETTE ST.

Suite, Apt. #, etc.

SUITE 106

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3691115

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

Name

THOMAS W. TALLEY

Street Address (P.O. Box Number is Not Acceptable)

2105 ELLICOTT DRIVE

City

TALLAHASSEE

FL

Zip Code

32312

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.

SIGNATURE THOMAS W. TALLEY

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

(NOTE: Registered Agent signature required when reinstating)

4/12/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MANAGER
NAME THOMAS W. TALLEY
STREET ADDRESS 2105 ELLICOTT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MEMBER
NAME WYATT I. HENDRICKS
STREET ADDRESS 1357 TOM STILL ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32310

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MEMBER
NAME MARGARET SPARKS RICHEY
STREET ADDRESS 1616 TALPECO ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MEMBER
NAME DONALD E. FORD, JR.
STREET ADDRESS 994 CONGRESS COURT
CITY-ST-ZIP Casselberry, FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MEMBER
NAME WESLEY FOSTER
STREET ADDRESS P.O. BOX 14167
CITY-ST-ZIP TALLAHASSEE, FL 32317

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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.

SIGNATURE:

THOMAS W. TALLEY

THOMAS W. TALLEY

Date

4/16/01

Daytime Phone #

850-219-0110

CR2E083 (11/00)