

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90232 030 ****50.00

DOCUMENT # L00000015239

1. Entity Name

AVALANCHE TECHNOLOGY, LLC

Principal Place of Business

**1020 E. LAFAYETTE ST., STE. 106
TALLAHASSEE FL 32301**

Mailing Address

**1020 E. LAFAYETTE ST., STE. 106
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**TALLEY, THOMAS W
2105 ELLICOTT DRIVE
TALLAHASSEE FL 32312**

Name

Wyatt Hendricks

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

1357 Tom Still Road

City

Tallahassee

FL

Zip Code

32310

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **TALLEY, THOMAS W**
STREET ADDRESS **2105 ELLICOTT DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **COO** ☒ Change ☐ Addition
NAME **Ann Schamp**
STREET ADDRESS **1247 88th Ave No**
CITY-ST-ZIP **St Petersburg, FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Ann Schamp**

4/10/02 127-647-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)