

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90046 006 *****55.00

0014373

DOCUMENT # L01000002369

1. Entity Name

AVCOM LLC



Principal Place of Business

**1354 VERACRUZ LANE
WESTON FL 33327**

Mailing Address

**1354 VERACRUZ LANE
WESTON FL 33327**

2. Principal Place of Business

11438 ARBORSIDE WAY

Suite, Apt. #, etc.

3. Mailing Address

11438 ARBORSIDE WAY

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

4. FEI Number **65-1075104**

Applied For

☐ Not Applicable

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

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

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/12/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CUTTER, MICHAEL D	
STREET ADDRESS	1354 VERACRUZ LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CUTTER, LARRY I	
STREET ADDRESS	1354 VERACRUZ LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BULLARD, CHERI	
STREET ADDRESS	1354 VERACRUZ LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

8/12/03

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

Date

Daytime Phone #

CR2E083 (4/03)