AVINSTREAM, LLC

Country

6... Name and Address of Current Registered Agent

1. Entity Name

ONE-STOP SYSTEMS, ILC

Principal Place of Business

6949 W. NASA BLVD. W. MELBOURNE FL 32904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Ζiρ

🔛 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Zip

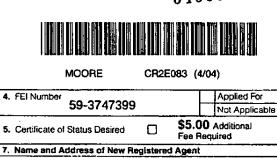
Suite, Apt. #, etc.

6949 W. NASA BLVD. W. MELBOURNE FL 32904

FILED DOCUMENT # L01000017054

Aug 06, 2004 8:00 am Secretary of State 07-02-2004 90059 022 ****50.00

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ANDERSON, PATRICK 930 S. HABOR CITY BLVD., SUITE 505 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 Zio Code

Name

Country

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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typod 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 Florida Department of State Due By September 8, 2004 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MLE MGR ☐ Delete TITLE ☐ Change ■ Addition NAME ROSBURY, PAUL NAME STREET ADDRESS 6949 W. NASA BLVD. STREET ADDRESS CITY-ST-ZIP W. MELBOURNE FL 32904 CITY-ST-ZIP MGR TITLE **EX**Ociete TITLE Change ☐ Addition NAME SHOEMAN, LARRY P NAME STREET ADDRESS 345 CAPTAINS ROW STREET ADDRESS CITY-ST-789 MERRITT ISLAND FL 32952 CITY-ST-7P MGR-IIILE TITLE Change Addition NAME BREITHEIER JIM NAME 6949 W. NASA BLUD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P W. MELBOURNE . FL ☐ Delete TITLE TIEL E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-70 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 it 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 AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE