

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019181	
1. Entity Name AVANT-DIGITAL, LLC	

Principal Place of Business 19037 LAKE SWATARA DR. EUSTIS, FL 32736	Mailing Address 19037 LAKE SWATARA DR. EUSTIS, FL 32736
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01132004 No Chg-LLC

CP2E083 (10/03)

4. FEI Number 11-3688876	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MONTGOMERY, ROBERT 19037 LAKE SWATARA DR. EUSTIS, FL 32736

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IN THIS SPACE**

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 renewing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

U00000159405
05/10/04-80029-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, ROBERT 19037 LAKE SWATARA DR. EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILCOX, SCOTT 3197 IRHIG LANE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAO, PRAVEEN 3204 YATTIKA PLACE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Robert Montgomery 4/23/04 352-589-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR AUTHORIZED REPRESENTATIVE DATE