

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90026 025 ****50.00

DOCUMENT # L01000019181

1. Entity Name

AVANT-DIGITAL, LLC



Principal Place of Business

Mailing Address

**255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO FL 32801**

**255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO FL 32801**

2. Principal Place of Business

19037 LAKE SWATARA DR

3. Mailing Address

19037 LAKE SWATARA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FL

4. FEI Number **NOT APPLICABLE**

11-3688876

☒ Applied For

☐ Not Applicable

Zip

32736

Country

LAKE

Zip

32736

Country

LAKE

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREELEY, JOHN P

**255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO FL 32801**

Name

ROBERT MONTGOMERY

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

19037 LAKE SWATARA DR

City

EUSTIS

FL

Zip Code

32736

8. The above named entity submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Montgomery

MGRM AVANT-DIGITAL

7/27/03

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 Florida Department of State

Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MONTGOMERY, ROBERT
3764 WATERCREST DR
LONGWOOD FL 32779**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
ROBERT MONTGOMERY
19037 LAKE SWATARA DR
EUSTIS FL 32736**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SCOTT WILCOX MGRM
3197 IRLHIG LANE
EUSTIS FL 32726**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRAVEEN RAO MGRM
3204 YATIKKA PLACE
LONGWOOD FL 32779**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Robert Montgomery

MGRM

7/27/03

352-589-0233

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

Date

Daytime Phone #

CR2E083 (4/03)