FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90072 038 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019878

1. Entity Name
AVI ECONSULTING, LLC

Principal Place of Business
2640 CHEROKEE ROAD
ST. CLOUD, FL 34772

Mailing Address
2640 CHEROKEE ROAD
ST. CLOUD, FL 34772

04262004 Chg-LLC CR2E083 (10/03)

new →

2. Principal Place of Business: 1716 E. IRLO BRONSON MEM HWY.
Suite, Apt. #, etc.
City & State: ST. CLOUD FL
Zip: 34771 Country: USA

3. Mailing Address: same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1158783 (typo) ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BARBER, VINCENT A
2640 CHEROKEE ROAD
ST. CLOUD, FL 34772

7. Name and Address of New Registered Agent
Name: same
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 (Same as before) 4-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRT BARBER, VINCENT A 2640 CHEROKEE RD SAINT CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RON, PILEGGI 2640 CHEROKEE RD SAINT CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Vincent Barber 4/23/04 407 892 4036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #