
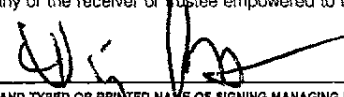


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000019878		
1. Entity Name AVI ECONSULTING, LLC		
Principal Place of Business 1716 E. IRIS BRONSON MEM HWY. SAINT CLOUD, FL 34771 US	Mailing Address 1716 E. IRLO BRONSON MEM. HWY. ST. CLOUD, FL 34771	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARBER, VINCENT A 1716 E. IRLO BRONSON MEM. HWY. ST. CLOUD, FL 34771		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT BARBER, VINCENT A 2640 CHEROKEE RD SAINT CLOUD, FL 34772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RON, PILEGGI 2640 CHEROKEE RD SAINT CLOUD, FL 34772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/25/06 407-592-4036
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1158983

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000546763
05/11/06-80129-008 50.00