

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000004344

1. Entity Name
AVIDUS, LLC



Principal Place of Business
**2806 NORTHAMPTON
ORLANDO, FL 32828 US**

Mailing Address
**2806 NORTHAMPTON
ORLANDO, FL 32828 US**



01212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0868146

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

**BALDASARE, BRENT
2806 NORTHAMPTON AVE.
ORLANDO, FL 32828**

**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 _____

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BALDASARE, BRENT
2806 NORTHAMPTON AVE
ORLANDO, FL 32828**

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CITY-ST-ZIP

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1100000401314
02/02/06-80039-019 50.00

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE: _____

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

1-20-06

Date

407-381-4040

Daytime Phone #