

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022339

1. Entity Name  
**AVENDO ENGINEERING LTD. CO.**



Principal Place of Business  
360 SOUTH SHORE DR.  
SARASOTA, FL 34234

Mailing Address  
360 SOUTH SHORE DR.  
SARASOTA, FL 34234

FILED

2003 JUN 20 AM 8:37

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

12260 Willow Grove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. #2

City & State

City & State

Camden, DE

Zip

Country

Zip

Country

19934

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, W. RICK  
360 SOUTH SHORE DR.  
SARASOTA, FL 34234

Name

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

Signature, typed or printed name of registered agent and date 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 May 1, 2003

870018317368  
07/03--01002--013 \*\*700.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** **ICSL** ☐ Delete  
NAME **Alex Zingaus on behalf of ICSL**  
STREET ADDRESS **35 Barrack Road**  
CITY-ST-ZIP **Belize City, Belize C.A.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: *AZ*

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

4/28/03 302698-0118  
Date Daytime Phone #

CR2E083 (10/02)