

L03000017588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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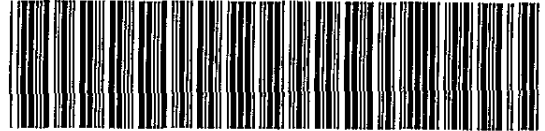
(Business Entity Name)

(Document Number)

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L03-17588

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## TRANSMITTAL LETTER

Amendment Section  
Division of Corporations

CT: AVALON, LLC  
(Name of corporation)

CUMENT NUMBER: L03000017588

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven C. Cronig  
(Name of person)

Steven Carlyle Cronig & Associates, P.A.  
(Name of firm/company)

307 Continental Plaza, 3250 Mary Street  
(Address)

Coconut Grove, Florida 33133  
(City/state and zip code)

For further information concerning this matter, please call:

Douglas Davis at ( 610 ) 491-9858  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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03 DEC -3 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 20, 2003

AVALON, LLC  
307 CONTINENTAL PLAZA, 3250 MARY STREET  
COCONUT GROVE, FL 33133

SUBJECT: AVALON LLC  
Ref. Number: L03000017588

We have received your document for AVALON LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 903A00063129

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Avalon, LLC.
2. The mailing address of the limited liability company is : 310 Cypress Circle, King of Prussia  
Pennsylvania 19406

May 13, 2003

L03000017588

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jules Pearlstine, P.A.

Name  
2101 Corporate Boulevard, Suite 101

Address  
Boca Raton, Florida 33431

City, State and Zip

6. The name and address of the new registered agent and/or office:

Steven C. Cronig

Name  
3250 Mary Street, Suite 307

Florida street address (P.O. Box NOT acceptable)

Coconut Grove FL 33133

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Douglas Davis

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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