## 2004 LIMITED LIABILITY COMPANY

## Feb 10, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # L03000041855 02-10-2004 90105 029 \*\*\*\*50.00 AVALON EXPRESS, LLC Mailing Address Principal Place of Business 24009622 190 WYNNEHAVEN BEACH ROAD 190 WYNNEHAVEN BEACH ROAD MARY ESTHER FL 32569 MARY ESTHER FL 32569 Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E083 (11/03) 4. FEI Number 2 0 - 037489 0 Applied For City & State City & State Not Applicable 325<u>47</u> Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Zip Code FI 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. **≭**\_Change ☐ Addition TITLE MGR TITLE Delete ims, Larr NAME SIMS, LARRY NAME STREET ADDRESS 190 WYNNEHAVEN BEACH ROAD STREET ADDRESS 7510 Navarre, FL 32566 CITY-ST-ZIP MARY ESTHER FL 32569 CITY-ST-ZIP Change MGR ☐ Delete TITLE ☐ Addition SIMS, JACKIE NAME STREET ADDRESS STREET ADDRESS 190 WYNNEHAVEN BEACH ROAD 510 CITY-ST-7IP CITY-ST-ZIP MARY ESTHER FL 32569 **Change** ☐ Addition TITLE ☐ Delete TITI F NAME SIMS, JACKIE NAME STREET ADDRESS STREET ADDRESS 190 WYNNEHAVEN BEACH ROAD CITY-ST-7IP CITY-ST-ZIP MARY ESTHER FL 32569 Change ☐ Addition Delete TITLE TITLE SIMS, LARRY NAME NAME 190 WYNNEHAVEN BEACH ROAD STREET ADDRESS STREET ADDRESS 7510 Gul CITY-ST-ZIP MARY ESTHER FL 32569 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED**