2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L03000052005

Entity Name: ADVAION, LLC

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY, 4TH FLOOR
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

1560 SAWGRASS CORPORATE PKWY, 4TH FLOOR
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 20-0514716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAVAN, SATYAKETU
1560 SAWGRASS CORPORATE PKWY, 4TH FLOOR
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SATYAKETU, PAVAN
Address: 2047 NW 139TH AVE
City-St-Zip: PEOMBROKE PINES, FL 33028 US

Title: D ( ) Delete
Name: SATYAKETU, AARTEE
Address: 1560 SAWGRASS CORPORATE PKWY, 4TH FLOOR
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAVAN SATYAKETU MD 01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date