2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000051173

1. Entity Name

AVANTI ENTERPRISES, L.L.C.

Principal Place of Business
37814 TIFFANY ROAD
DADE CITY FL 33525

Mailing Address
P.O. BOX 1101
ZEPHYRHILLS FL 33539-1101

2. Principal Place of Business - No P.O. Box #

Suite, Apt #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

1st MOORE CR2E083 (10/06)

4. FEI Number 01-0817548 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARINARO, FRANK
37814 TIFFANY ROAD
DADE CITY FL 33525

7. Name and Address of New Registered Agent

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 accep 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000608325
02/01/07-80023-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	MARINARO, FRANK	
STREET ADDRESS	37814 TIFFANY ROAD	
CITY ST ZIP	DADE CITY FL 33525	
TITLE	MGRM	☐ Delete
NAME	MARINARO, MARY LOU	
STREET ADDRESS	37814 TIFFANY ROAD	
CITY ST ZIP	DADE CITY FL 33525	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: Frank Marinaro - FRANK MARINARO - 01/18/07 | 352 521 3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #