

APR-28-2005 11:25

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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U.S. SIGN OF COMMERCE

REGISTERED AGENT CHANGE

AVDA LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glanda E. Hood
Secretary of State

April 25, 2005

AVDA LLC
1720 KERSLEY CIRCLE
HEATHROW, FL 32746

SUBJECT: AVDA LLC
REF: L04000051354

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6958.

Lee Rivers
Document Specialist

FAX Aud. #: E05000099835
Letter Number: 105A00028137

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TALLAHASSEE FLORIDA

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05 APR 28 PM 1:26
DIVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

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: avda llc

2. The mailing address of the limited liability company is : _____
1720 Kersley Circle, Lake Mary, FL 32746

7/9/2004

L04000051354

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:

Business Filings Incorporated

Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City, State and Zip

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

Arie van den Akker

Name

1720 Kersley Circle,

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

Lake Mary

FL 32746

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)

Arie van den Akker, Member

(Printed or typed name of signer)

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 607, 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

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