

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084392

Entity Name: AV SOLUTIONS LLC

FILED
Jul 20, 2006
Secretary of State

Current Principal Place of Business:

1520 SW HACKENSACK AVE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

18196 DEEP PASSAGE LANE
FORT MYERS BEACH, FL 33901

Current Mailing Address:

PO BOX 881822
PORT ST. LUCIE, FL 34953

New Mailing Address:

18196 DEEP PASSAGE LANE
FORT MYERS BEACH, FL 33931

FEI Number: 20-1946306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZIEGLER, ROBERT J
1520 SW HACKENSACK AVE.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

MCGUIGAN, MICHAEL B
18196 DEEP PASSAGE LANE
FORT MYERS BEACH, FL 33931 US

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: MICHAEL B. MCGUIGAN

07/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGUIGAN, MICHAEL
Address: 1520 SW HACKENSACK AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: MCGUIGAN, MICHAEL B
Address: 18196 DEEP PASSAGE LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL B. MCGUIGAN

PRES

07/20/2006

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