

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # L04000084392

1. Entity Name
AV SOLUTIONS LLC



Principal Place of Business
**18196 DEEP PASSAGE LANE
FORT MYERS BEACH, FL 33901**

Mailing Address
**18196 DEEP PASSAGE LANE
FORT MYERS BEACH, FL 33931**



03122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1946306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Michael B McGuigan
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
MCGUIGAN, MICHAEL B
18196 DEEP PASSAGE LANE
FORT MYERS BEACH, FL 33931**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Michael B McGuigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

4/13/07

239-822-1888