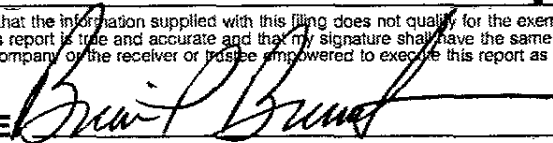


FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000093311			
1. Entity Name AVITAH, LC			
Principal Place of Business 4288 PINNACLE STREET PORT CHARLOTTE, FL 33980 US		Mailing Address 4288 PINNACLE STREET PORT CHARLOTTE, FL 33980 US	
2. Statement of Intent ENTER HERE			
		01032007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number NOT APPLICABLE	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OAKS, DAVID K ESQ 407 EAST MARION AVENUE STE 101 PUNTA GORDA, FL			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGR		
NAME	BRUNDERMAN, BRIAN		
STREET ADDRESS	2095 TINKER STREET		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		
TITLE	MGR		
NAME	BRUNDERMAN, LORI		
STREET ADDRESS	2095 TINKER STREET		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		
TITLE	MGR		
NAME	SOTO, LUIS		
STREET ADDRESS	12976 S.W. DAVID DRIVE		
CITY-ST-ZIP	LAKE SUZY, FL 34269		
TITLE	MGR		
NAME	HERNANDEZ, ANNA		
STREET ADDRESS	12976 S.W. DAVID DRIVE		
CITY-ST-ZIP	LAKE SUZY, FL 34269		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 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 		1/04/07 741-625-4564	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	