

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 SEP 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000004513			
1. Entity Name AUDIO VIDEO COMMUNICATIONS, LLC			
Principal Place of Business 47 ENG WALL CIRCLE HAVANA, FL 32333		Mailing Address 47 ENG WALL CIRCLE HAVANA, FL 32333	
2. Principal Place of Business 3506 Killkenney Drive East Suite, Apt. #, etc.		3. Mailing Address 3506 Killkenney Drive East Suite, Apt. #, etc.	
City & State Tallahassee, Florida Zip 32309		City & State Tallahassee, Florida Zip 32309	
Country		Country	
4. FEI Number 20-2167801		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD A. GLOVER, CPA, PA 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308		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 accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATON, DAVID A 47 ENG WALL CIRCLE HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Baton, David A 3506 Killkenney Drive East Tallahassee, Florida 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080044135 09/21/06--01061--020 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		DAVID A. BATON 9/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	