

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006402

Entity Name: AVIDAL COMPANY, LLC

FILED  
Mar 27, 2007  
Secretary of State

## Current Principal Place of Business:

10308 KINGBROOK LANE  
ORLANDO, FL 32821

## New Principal Place of Business:

5231 TAVEL ST.  
ORLANDO, FL 32821

## Current Mailing Address:

P.O. BOX 691763  
ORLANDO, FL 32869

## New Mailing Address:

5231 TAVEL ST.  
ORLANDO, FL 32821

FEI Number: 20-2602180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AVNI, AVICHAI I  
5231 TAVEL STREET  
ORLANDO, FL 32821 US

## Name and Address of New Registered Agent:

AVNI, AVICHAI I  
5231 TAVEL STREET  
ORLANDO, FL 32821 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:

03/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ISAIAH, DALIA  
Address: 10308 KINGBROOK LANE  
City-St-Zip: ORLANDO, FL 32821

Title: MGRM (X) Delete  
Name: AVNI, AVICHAI I  
Address: 5231 TAVEL STREET  
City-St-Zip: ORLANDO, FL 32821

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: AVNI, AVICHAI I  
Address: 5231 TAVEL ST.  
City-St-Zip: ORLANDO, FL 32821

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AVICHAI I AVNI

MGRM

03/27/2007

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