

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064882

Entity Name: AVANCEN, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

19 MOSS POINT DRIVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

19 MOSS POINT DRIVE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-3432488      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:**

O'NEAL, KATHLEEN L  
19 MOSS POINT DRIVE  
ORMOND, FL 32174      US

**Name and Address of New Registered Agent:**

CONLEY, SHARON  
19 MOSS POINT DRIVE  
ORMOND, FL 32174      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: SHARON CONLEY

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CONLEY, SHARON DR.  
Address: 19 MOSS POINT DR  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: CONLEY, SHARON  
Address: 19 MOSS POINT DR  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify 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: SHARON CONLEY

MGRM

05/01/2009

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