

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000114889

1. Entity Name
AVID DESIGN GROUP, LLC



Principal Place of Business
1093 A1A BEACH BLVD, #195
ST. AUGUSTINE BEACH, FL 32080

Mailing Address
P.O. BOX 840096
ST AUGUSTINE BEACH, FL 32080



03052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3990294	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REED, THOMAS F
317 HIGH TIDE DR.
ST. AUGUSTINE BEACH, FL 32080

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REED, JENNIFER
STREET ADDRESS	317 HIGH TIDE DR.
CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32080

TITLE	MGRM
NAME	REED, THOMAS F
STREET ADDRESS	317 HIGH TIDE DR.
CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

U00000853791
03/26/08-80083-009 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

3/05/08

Date

904-806-5914

Daytime Phone #