

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90405 003 ***138.75

DOCUMENT # L05000117520

1. Entity Name
A.V.S. LLC



Principal Place of Business
1250 SW 44 TERRACE
DEERFIELD BEACH, FL 33442

Mailing Address
1250 SW 44 TERRACE
DEERFIELD BEACH, FL 33442

60012124



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3801 S OCEAN DR

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2X

City & State

City & State

HOLLYWOOD FL

Zip

Country

Zip

Country

33019

USA

02242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
06-1765663

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSAK, CLAUDIO D
1250 SW 44 TERRACE
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
CLAUDIO D OLSAK

Street Address (P.O. Box Number is Not Acceptable)
3801 S OCEAN DR

STE 2X

City
HOLLYWOOD

FL

Zip Code
33019

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
OLSAK, CLAUDIO D
1250 SW 44 TERRACE
DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CLAUDIO D OLSAK
3801 S OCEAN DR STE 2X
HOLLYWOOD FL 33019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/28/08

Date

Daytime Phone #