

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036055

Entity Name: AVANTI VENTURE GROUP, LLC

FILED
May 29, 2008
Secretary of State

Current Principal Place of Business:

1920 SW 124 WAY
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

1920 SW 124 WAY
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 14-1958180 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:

IZQUIERDO, CARLOS
1920 SW 124 WAY
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IZQUIERDO, CARLOS
Address: 1920 SW 124 WAY
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Delete
Name: IZQUIERDO, PATRICIA
Address: 1920 SW 124 WAY
City-St-Zip: MIRAMAR, FL 33027

Title: MGR (X) Delete
Name: NOTARE, MARCO
Address: 1920 SW 124 WAY
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

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

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

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

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: CARLOS IZQUIERDO

PRES

05/29/2008

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