

FILED
May 07, 2007 8:00 am
Secretary of State

04-04-2007 90035 027 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000094822			
1. Entity Name AVLO 305, LLC			
Principal Place of Business 3020 NE 32ND AVENUE APARTMENT 803 FORT LAUDERDALE, FL 33308		Mailing Address 3020 NE 32ND AVENUE APARTMENT 803 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGELO & BANTA, P.A. 515 EAST LAS OLAS BOULEVARD SUITE 850 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOT: Registered Agent signature required when renewing) DATE:			
Filing Fee is \$50.00. Due by May 1, 2007.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: <i>Christopher J. Donnelly</i> <i>Christopher J. Donnelly</i> 4-1-07 (854) 336 0330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone			

30007045



03262007 Chg-LLC CR2E083 (12/06)

MLR
Donnelly, Christopher J.
3020 NE 32nd Ave. Apt 803
Fort Lauderdale, FL 33308

sign + print name: \$50