

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010148

FILED
Apr 13, 2008
Secretary of State

Entity Name: AVY TECHNOLOGY SOLUTIONS, LLC

Current Principal Place of Business:

436 WATERFORD WAY
KISSIMME, FL 34746

New Principal Place of Business:

127 E BERKSHIRE CIRCLE
LONGWOOD, FL 32779

Current Mailing Address:

587 NORTHBRIDGE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

127 E BERKSHIRE CIRCLE
LONGWOOD, FL 32779

FEI Number: 20-8663251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSA, VICENTE SR.
436 WATERFORD WAY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

GOMEZ, LUIS E SR.
127 E BERKSHIRE CIRCLE
LONGWOOD, FL 32779 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: LUIS E GOMEZ

04/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSA, VICENTE SR.
Address: 436 WATERFORD WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: LOPEZ, ANDRES SR.
Address: 587 NORTHBRIDGE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ, LUIS E SR.
Address: 127 E BERKSHIRE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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: ANDRES LOPEZ

MGRM

04/13/2008

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