## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000035968

Entity Name: AVATAR, LLC

**FILED** Sep 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14714 CASTELLETTO DRIVE 2243 BLUE RIDGE LANE TAMPA, FL 33626 CONYERS, GA 30012

**Current Mailing Address: New Mailing Address:** 

14714 CASTELLETTO DRIVE 2243 BLUE RIDGE LANE CONYERS, GA 30012 TAMPA, FL 33626 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEEL, TIMOTHY E INC NOW

14714 CASTELLETTO DRIVE 300 FIFTH AVENUE SOUTH TAMPA, FL 33626 NAPLES,, FL 34102

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: ORIN WILSON 09/21/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

NEEL, TIMOTHY E WILSON, ORIN Name: Name: Address: 14714 CASTELLETTO DRIVE Address: 2243 BLUE RIDGE LANE

City-St-Zip: TAMPA, FL 33626 City-St-Zip: CONYERS, GA 30012

( ) Change (X) Addition Title: Title: MGR () Delete Name: Name: WILSON, ANA

Address: Address: 2243 BLUE RIDGE LANE City-St-Zip: City-St-Zip: CONYERS, GA 30012

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: ORIN WILSON 09/21/2009