

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036187

FILED  
May 09, 2008  
Secretary of State

Entity Name: AVIGOS MANAGEMENT, LLC

**Current Principal Place of Business:**

110 BURNSD PLACE, STE 1020  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

110 BURNSD PLACE, STE 1020  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 26-0276899      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MIJANGOS, MARIO E  
2897 STRAND CIRCLE  
OVIEDO, FL 32765    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: MGR      ( ) Delete  
Name: MIJANGOS, MARIO E  
Address: 2897 STRAND CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: MGR      ( ) Delete  
Name: AVILA, EMILIO  
Address: 7221 E. CHESTER HILLS CIRCLE  
City-St-Zip: ANCHORAGE, AK 99504

**ADDITIONS/CHANGES:**

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: MARIO E MIJANGOS

MGR

05/09/2008

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