

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-25-2008 90024 024 ***143.75

DOCUMENT # L07000068631 1. Entity Name A.V.A. BUSINESS OFFICES, LLC																																																																																																																																																											
Principal Place of Business 7269 FOREST OAKS BLVD. SPRING HILL, FL 34606			Mailing Address 7269 FOREST OAKS BLVD. SPRING HILL, FL 34606																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		Zip																																																																																																																																																							
Country		Country		03212008 Chg-LLC CR2E083 (12/06)																																																																																																																																																							
4. FEI Number 26-0457667				Applied For ☐ Not Applicable																																																																																																																																																							
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent MATHIS & MURPHY, P.A. 50 NORTH LAURA ST. 1700 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Kelly B. Mathis, Esquire Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street, Suite 1700 City Jacksonville FL Zip Code 32202																																																																																																																																																								
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 DATE 22 Apr 2008 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																																																																																																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CUCCINIELLO, JOHN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5195 MONTFORD CIR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34606</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ALASCIA, ANTHONY</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7481 JONQUIL PL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34606</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BARTLETT, CHARLES P SR</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13630 JENNITA DR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HUDSON, FL 34867</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	CUCCINIELLO, JOHN		NAME			STREET ADDRESS	5195 MONTFORD CIR		STREET ADDRESS			CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	ALASCIA, ANTHONY		NAME			STREET ADDRESS	7481 JONQUIL PL		STREET ADDRESS			CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP			TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition	NAME	BARTLETT, CHARLES P SR		NAME			STREET ADDRESS	13630 JENNITA DR.		STREET ADDRESS			CITY-ST-ZIP	HUDSON, FL 34867		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																																																																								
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME	CUCCINIELLO, JOHN		NAME																																																																																																																																																								
STREET ADDRESS	5195 MONTFORD CIR		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP																																																																																																																																																								
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME	ALASCIA, ANTHONY		NAME																																																																																																																																																								
STREET ADDRESS	7481 JONQUIL PL		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP																																																																																																																																																								
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME	BARTLETT, CHARLES P SR		NAME																																																																																																																																																								
STREET ADDRESS	13630 JENNITA DR.		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	HUDSON, FL 34867		CITY-ST-ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
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:																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																											