

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088458

FILED
Jul 13, 2008
Secretary of State

Entity Name: AVANTI BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

4121 CRYSTAL LAKE DR
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4121 CRYSTAL LAKE DR
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 26-1111923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

SPINA, JOHN M MR.
4311 CRYSTAL LAKE DR
UNIT #312
POMPANO BEACH, FL 33064 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPINA, JOHN
Address: 4311 CRYSTAL LAKE DR #312
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR () Delete
Name: TURSI, IKER
Address: 4121 CRYSTAL LAKE DR
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPINA, JOHN M MR.
Address: 4311 CRYSTAL LAKE DR #312
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR (X) Change () Addition
Name: TURSI, IKER A
Address: 4121 CRYSTAL LAKE DR
City-St-Zip: POMPANO BEACH, FL 33064

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: JOHN SPINA

MGR

07/13/2008

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