

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122939

FILED
Apr 30, 2008
Secretary of State

Entity Name: AVORIS LLC

Current Principal Place of Business:

5515 110TH AV. N.
#G304
PINELLAS PARK, FL 33782

Current Mailing Address:

5515 110TH AV. N.
#G304
PINELLAS PARK, FL 33782

FEI Number: 61-1548376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

5515 110TH AV. N.
#304
PINELLAS PARK, FL 33782

New Mailing Address:

5515 110TH AV. N.
#304
PINELLAS PARK, FL 33782

Name and Address of Current Registered Agent:

ENGERT, SVEN
5515 110TH AV. N.
#G304
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

ENGERT, SVEN
5515 110TH AV. N.
#304
PINELLAS PARK, FL 33782 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: SVEN ENGERT

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ENGERT, SVEN
Address: 5515 110TH AV. N. #G304
City-St-Zip: PINELLAS PARK, FL 33782

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ENGERT, SVEN
Address: 5515 110TH AV. N. #304
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGR () Change (X) Addition
Name: ENGERT, SAMANTHA
Address: 5515 110TH AV. N. #304
City-St-Zip: PINELLAS PARK, FL 33782 US

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: SVEN ENGERT

MGRM

04/30/2008

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