

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000115158

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** LEGEND AVS LLC

**Current Principal Place of Business:**

1631 ROCK SPRINGS ROAD  
SUITE 109  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1631 ROCK SPRINGS ROAD  
SUITE 109  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 46-3433404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIMEL, CHAD A  
1411 EDGEWATER DRIVE  
SUITE 200  
ORLANDO, FL 32804 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:** CHAD SHIMEL

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** BAUERLE, SANDRA  
**Address:** 3969 KNOTT DRIVE  
**City-St-Zip:** APOPKA, FL 32712

**Title:** MGRM  
**Name:** BAUERLE, BERNHARD  
**Address:** 3969 KNOTT DRIVE  
**City-St-Zip:** APOPKA, FL 32712

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** SANDRA BAUERLE

MGRM

10/06/2014

Electronic Signature of Authorized Person

Date