

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90332 010 ****55.00

DOCUMENT # M03000003568

1. Entity Name
NETEAM AVI, LLC



Principal Place of Business

5055 CORBIN DR
STE B
BEDFORD HEIGHTS, OH 44128

Mailing Address

5055 CORBIN DR
STE B
BEDFORD HEIGHTS, OH 44128

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

791 WYE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
AKRON, OH

Zip

Country

Zip

Country

44333

US

04302007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

52-2405579

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MEYERSON, ADAM	
STREET ADDRESS	791 WYE RD.	
CITY-ST-ZIP	AKRON, OH 44333	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MEYERSON, ROBERT F	
STREET ADDRESS	791 WYE RD.	
CITY-ST-ZIP	AKRON, OH 44333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D MICHAEL A. WYSS	<input checked="" type="checkbox"/> ADDITION
NAME		
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON, OH 44333	

10. ADDITIONS/CHANGES

TITLE	D.V.P.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAM H. MEYERSON	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON, OH, 44333	
TITLE	ROBERT F. MEYERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON, OH 44333	
TITLE	P, CEO, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS FORTNEY	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON, OH 44333	
TITLE	D MICHAEL FORLANI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON, OH 44333	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELINOR M. CULOTTA	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON, OH 44333	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDONA NAGY	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON, OH 44333	

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:

Elinor Culotta ELINOR CULOTTA Asst. Secy

4/30/07

330-666-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #