## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011857

Entity Name: MEAM VISIONS, LLC

**FILED** Mar 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2284 RED EMBER ROAD 1755 W. BROADWAY, SUITE 4 OVIEDO, FL 32765 OVIEDO, FL 32765

**Current Mailing Address: New Mailing Address:** 

PO BOX 780846

ORLANDO, FL 32878 US

FEI Number: 26-1886413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MOULAVI, AMANEH S ESKANDARI, MOHAMMAD M 2284 RED EMBER ROAD 1755 W. BROADWAY, SUITE 4 OVIEDO, FL 32765 OVIEDO, FL 32765

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: MOHAMMAD M ESKANDARI

03/18/2009 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete ESKANDARI, MOHAMMAD M MD ESKANDARI, MOHAMMAD M MD Name: Name: Address: 2284 RED EMBER ROAD Address: 1755 W. BROADWAY, SUITE 4 City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: OVIEDO, FL 32765 US

(X) Change ( ) Addition Title: MGRM () Delete Title: MGRM Name: MOULAVI, AMANEH S Name: MOULAVI, AMANEH S Address: 2284 RED EMBER ROAD Address: 1755 W. BROADWAY, SUITE 4 City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: OVIEDO, FL 32765 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: MOHAMMAD M ESKANDARI **MGRM** 03/18/2009