

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111236

Entity Name: VISIONS IT CONSULTING SERVICES, LLC.

Current Principal Place of Business:

727 BELLSHIRE WAY
WINTERGARDEN, FL 34787

Current Mailing Address:

P.O. BOX 784733
WINTER GARDEN, FL 34778

FEI Number: 74-3240488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPEAR, DARRELL
727 BELLSHIRE WAY
WINTERGARDEN, FL 34787 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

Authorized Person(s) Detail :

Title MGR
Name SPEAR, DARRELL
Address P.O. BOX 784733
City-State-Zip: WINTERGARDEN FL 34778

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRELL SPEAR

MGR

03/16/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date