

**2014 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: Yes**

**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**

**03/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date