

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000127218

Entity Name: FUELED VISION, LLC**Current Principal Place of Business:**7405 TERRACE RIVER DR
TEMPLE TERRACE, FL 33637**Current Mailing Address:**7405 TERRACE RIVER DR
TEMPLE TERRACE, FL 33637 US**FEI Number:** 47-4988735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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	DIXON, WORTH
Address	7405 TERRACE RIVER DR
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	MGR
Name	DIXON, MARCIA
Address	7405 TERRACE RIVER DR
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	MGR
Name	DIXON, KARIM
Address	7405 TERRACE RIVER DR
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	AMBR
Name	HIBBERT, BARBARA
Address	7405 TERRACE RIVER DR
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	AMBR
Name	DIXON, KERRI
Address	7405 TERRACE RIVER DR
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	AMBR
Name	DIXON, PATRICE
Address	7405 TERRACE RIVER DR
City-State-Zip:	TEMPLE TERRACE FL 33637

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: KARIM DIXON**MANAGER****04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date