

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000013137

**Entity Name:** 2020 VISION CONSULTING LLC

**Current Principal Place of Business:**

10620 GRIFFIN RD  
STE B-206  
COOPER CITY, FL 33328

**Current Mailing Address:**

10620 GRIFFIN RD  
STE B-206  
COOPER CITY, FL 33328 US

**FEI Number:** 84-4406028

**Certificate of Status Desired:** No

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

PETERSON, BRIAN  
10620 GRIFFIN RD  
STE B-206  
COOPER CITY, FL 33328 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 AMBR  
Name JONES, ELLINGTON  
Address 10620 GRIFFIN RD  
STE B-206  
City-State-Zip: COOPER CITY FL 33328

Title AMBR  
Name TRAN, TOMMY  
Address 10620 GRIFFIN RD  
STE B-206  
City-State-Zip: COOPER CITY FL 33328

Title AMBR  
Name WORKMAN, MADISON  
Address 10620 GRIFFIN RD  
STE B-206  
City-State-Zip: COOPER CITY FL 33328

Title AMBR  
Name PETERSON, BRIAN  
Address 10620 GRIFFIN RD  
STE B-206  
City-State-Zip: COOPER CITY FL 33328

*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:** BRIAN PETERSON

AMBR

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date