

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000527293

**Entity Name:** VIZION ENTERPRISE LLC

**Current Principal Place of Business:**

1317 EDGEWATER DRIVE ORLANDO  
#6424  
ORLANDO, FL 32804

**Current Mailing Address:**

1317 EDGEWATER DRIVE ORLANDO  
#6424  
ORLANDO, FL 32804 US

**FEI Number:** 87-4044363

**Certificate of Status Desired:** Yes

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

FALCONER, NESHAWN  
1317 EDGEWATER DRIVE ORLANDO  
#6424  
ORLANDO, FL 32804 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	Title	MANAGER
Name	FALCONER, NESHAWN	Name	WRIGHT, RICARDO
Address	507 BLUFF PASS DRIVE	Address	507 BLUFF PASS DRIVE
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	EUSTIS FL 32726
Title	MANAGER	Title	MANAGER
Name	SPROTT, RICHINELLA	Name	MONSANTO, ANGELO
Address	507 BLUFF PASS DRIVE	Address	507 BLUFF PASS DRIVE
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	EUSTIS FL 32726

*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:** NESHAWN FALCONER

**AUTHORIZE MEMBER**

**05/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date