

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000004049**1. Entity Name
VISUAL IO, L.L.C.

| | |
|---|---|
| Principal Place of Business 1050 STARKEY RD, UNIT 2508 LARGO FL 33771 | Mailing Address 1050 STARKEY RD, UNIT 2508 LARGO FL 33771 |
|---|---|

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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3634441

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

| | |
|---|---|
| 6. Name and Address of Current Registered Agent FINERFROCK ROBIN E 1050 STARKEY ROAD UNIT 2508 LARGO FL 33771 US | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. 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 _____ DATE **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FINERFROCK JOHN AJR. 1050 STARKEY ROAD, UNIT 2508 LARGO FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FINERFROCK ROBIN E 1050 STARKEY ROAD, UNIT 2508 LARGO FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Robin E. Finerfrock, Member MGRM 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)