2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009939

1. Entity Name
RUSSELLVISION LLC

Principal Place of Business	Mailing Address
1202 N.E. PINE ISLAND ROAD UNIT R CAPE CORAL, FL 33909	P.O. BOX 61126 FORT MYERS, FL 33906

03262004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1037136

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHANY, SHAUN
4701 VINSETTA AVENUE
NORTH FORT MYERS, FL 33903

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (CRTL Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

100000039728
03/31/04-30018-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STEPHANY, SHAUN
STREET ADDRESS	4701 VINSETTA AVENUE
CITY ST ZIP	NORTH FORT MYERS, FL 33903
TITLE	MGRM
NAME	STEPHANY, MICHELLE
STREET ADDRESS	4701 VINSETTA AVENUE
CITY ST ZIP	NORTH FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Shaun Stephany SHAUN STEPHANY 3/16/04 239-573-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #