2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State
08-18-2006 90027 032 ****50.00

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

08152006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		4701 VINSETTA AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: No. FORT MYERS, FL	
Zip	Country	Zip: 33903	Country: U.S.A.

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	7. Name and Address of New Registered Agent
STEPHANY, SHAUN 4701 VINSETTA AVENUE NORTH FORT MYERS, FL 33903	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shaun Stephany 8/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) Date

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM STEPHANY, SHAUN 4701 VINSETTA AVENUE NORTH FORT MYERS, FL 33903	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM STEPHANY, MICHELLE 4701 VINSETTA AVENUE NORTH FORT MYERS, FL 33903	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 8/15/06 SHAUN STEPHANY 8/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date