

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90193 045 ****50.00

DOCUMENT # L 00000011629

1. Entity Name

PREMIER VISIONS OF OVIEDO, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13816 CELIDA AVE.

Suite, Apt. #, etc.

3. Mailing Address

13816 CELIDA AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEI Number

59-3680177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip 34667-1574

Country USA

Zip 34667-1574

Country USA

7. Name and Address of Current Registered Agent

Name

PALMA, ANTHONY W.

Street Address (P.O. Box Number is Not Acceptable)

390 NORTH ORANGE AVE., STE. 1100

City

ORLANDO

FL

Zip Code 32801-1640

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER
JOHN F. BAUMGARDNER
13816 CELIDA AVE.
HUDSON, FL 34667-1574

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER
PATRICIA G. BAUMGARDNER
13816 CELIDA AVE.
HUDSON, FL 34667-1574

TITLE
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IN THIS SPACE**

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: Patricia Baumgardner, mgr. PATRICIA BAUMGARDNER 4/18/02 (727) 868-0139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)