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

FILED Apr 22, 2002 8:00 am Secretary of State

DOCUMENT # 201 00000 2739 1. Entity Name		04-22-2002 90243 037 ****50.00	
ENVISIONS, LLC			V 4 3 7 X H
		:	943780
DO NOT WRITE IN THIS	SPACE		
2. Principal Place of Business 1111 BRICKell Ark. 3. Mailing Address			
Suite, Apt. #, etc. // **I Floor Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE
City & State City & State City & State		4. FE! Number 407950	PO Applied For Not Applicable
Zip Country Zip Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
and the second of the second o	Name _	7. Name and Address of Current Re	gistered Agent
DO NOT WRITE	/).	(P.O. Box Number is Not Acceptable)	R
IN THIS SPACE	1633	o Sa 89 Puc	೯
	City Mips		FL Zip Code 33/67
8. The above named entity submits this statement for the purpose of changing		· 67	a.
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Signature, typed or printed name of registered agent and title if applicable.	FEE IS \$50.00		DATC
Signature, typed or printed name of registered agent and title if applicable.	FEE IS \$50.00 Payable to Department of DUE BY MAY 1	f State.	DATC
Signature, typed or printed name of registered agent and title if applicable.	Payable to Department o	f State	DATC
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Make Check Managing Members/Managers Make Check Mak	Payable to Department of DUE BY MAY 1	f States	DATE
9. MANAGING MEMBERS/MANAGERS TITLE NAME O. ARTURO AGU! AR STREET ADDRESS 16. 320 SW 89 Place	Payable to Department of DUE BY: MAY 1	f State	DATC
9. MANAGING MEMBERS/MANAGERS TITLE MERM O. ARTURO AGULAR STREET ADDRESS (CITY-ST-ZIP HUMM), FLA 33167	Payable to Department of DUE BY MAY 1	f State	DATC
9. MANAGING MEMBERS/MANAGERS TITLE NAME O. ARTURO AGU! AR STREET ADDRESS 16320 SW 89 Place CITY-ST-ZIP HUMM, FLA 33167 TITLE NAME BABAK OREYZI	Payable to Department of DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	f State	DATC
9. MANAGING MEMBERS/MANAGERS TITLE MERM NAME O. ARTURO AGUI'AR STREET ADDRESS ICTY-ST-ZIP HUMMI, FLA 33167 HILLE NAME BABAK OREYZI STREET ADDRESS	Payable to Department of DUE BY MAY 1	f State	DATC
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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #