2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002729

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90073 030 ****50.00

☐ Change

Change

Addition

Addition

1. Entity Nam ENVISION										
•	e of Business		Mailing Address				0.4	AFHFO	1	
16320 SW 89TH PL		1111 BRICKELL AVE. 11TH FLOOR			24	05752	1			
MIAMI, FL 33157		MIAMI, FL 33131)	FEID 4618 1811	88) kii 1881	
2. Principal Place of Business		3. Mailing Address 16320 S.W. 89TH PLACE								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004	Chg-LLC	CR2E083	3 (10/03)			
City & State		City & State MIAMI, FLORIDA		4. FEI Numbe	65-1	079580		plied For t Applicable		
Zip	C	Country	33157	Country	,	5. Certificate	of Status Desired		5.00 Addi	
	6. Name an	d Address of Current I	Registered Agent			7. Name and	Address of New F	Registered Ag	ent .	3 .
			·	.	Name	•]
	O. ARTURO 89TH AVE				Street Address	(P.O. Box Number	er is Not Acceptable	e)		
MIAMI, FL				}_				 -		
				1						
				ļ						
					City			FL	Zip Code	9
			the purpose of changing its			ered agent, or bo	th, in the State of Fl			
	e named entity su tions of registere		the purpose of changing its			ered agent, or bo	th, in the State of Fl			
	tions of registere			registered			th, in the State of Fl			
the obligat	tions of registere	d agent. inted name of registered agent a		registered	office or registe			DATE Ke Check particle in the control of the check particle in t	niliar with,	and accept
the obligat	Signature, typed or pr	d agent. inted name of registered agent a	and title if applicable. (NOT	registered	office or registe		Mar Florid	DATE Ke Check particle in the control of the check particle in t	niliar with,	and accept
the obligat SIGNATURE . Fi DI	signature, typed or priling Fee is 3 ue by May 1	d agent. wited name of registered agent a \$50.00 , 2004 MANAGING MEMBER	and title if applicable. (NOT	E: Registered A	office or registe		Mar Florid	DATE Ce check para a Department	niliar with,	and accept
the obligat SIGNATURE Fi Di 9. 1)TLE NAME	Signature, typed or priling Fee is 1 ue by May 1 MGRM AGUIAR, O.	d agent. sited name of registered agent a \$50.00 , 2004 MANAGING MEMBEL ARTURO	nd lilie if applicable. (NOT	E: Registered A	office or registe		Mar Florid	DATE Ce check para a Department	niliar with,	and accept
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SIGNATURE SIGNATURE FI DI 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	signature, typed or priling Fee is 3 ue by May 1 MGRM AGUIAR, O., 16320 SW 85 MIAMI, FL 3	d agent. \$50.00 , 2004 MANAGING MEMBEI ARTURO PLACE 3167	nd lile if applicable. (NOT	E. Registered A 10. TITLE NAME STREET CITY-SI	office or registe		Mar Florid	DATE Ke Check para la Department	rable to transcript Change	Addition
9. 1)TLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	Signature, typed or priling Fee is 1 ue by May 1 MGRM AGUIAR, O., 16320 SW 85 MIAMI, FL 3 MGRM OREYZI, BAI 125 EDGEW.	d agent. \$50.00 \$2004 MANAGING MEMBEI ARTURO PLACE 3167 BAK ATER DR	nd lile if applicable. (NOT	E. Registered A 10. TITLE NAME STREET CITY-ST	ADDRESS T-ZIP ADDRESS		Mar Florid	DATE Ke Check para la Department	rable to transcript Change	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.

TITLE NAME

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STREET ADDRESS CITY-ST-ZIP

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☐ Delete

SIGNATURE: