

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009788

Entity Name: VISIONS, LLC

FILED  
Feb 03, 2008  
Secretary of State

## Current Principal Place of Business:

1252 WELLINGTON TERR  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

1252 WELLINGTON TERR  
MAITLAND, FL 32751

## New Mailing Address:

FEI Number: 59-3728848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M  
557 N WYMORE RD  
SUITE 100  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LONDON, LOREN  
Address: 1252 WELLINGTON TERRACE  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: OSTEEN, MICHELLE  
Address: 1900 WINGFIELD DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete  
Name: TURNER, PHYLLIS  
Address: 670 MANDERLEY RUN  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOREN LONDON

MGR

02/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date