


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000010337</b> 1. Entity Name <b>VISUAL CONCEPTS OF FLORIDA, LLC</b>	
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Principal Place of Business <b>4640 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33813</b>	Mailing Address <b>4640 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33813</b>
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**DO NOT WRITE IN THIS SPACE**



04022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3734386</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**HAEUSLER, SHARON S  
4640 CLEVELAND HEIGHTS BLVD.  
LAKELAND, FL 33813**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sharon S. Haessler* **5/31/05**  
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAEUGLER, SHARON S 4640 CLEVELAND 1415 BLVD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURRENCY, JAMES 4640 CLEVELAND 1415 BLVD LAKELAND, FL 33813
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04/06/05-80034-023 50.00

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: *Sharon S. Haessler* **5/31/05** **863-646-7166**  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #