


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90052 020 ****50.00

DOCUMENT # L01000010337	
1. Entity Name VISUAL CONCEPTS OF FLORIDA, LLC	

Principal Place of Business 4640 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33813	Mailing Address 4640 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33813
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 59-3734386	59-3734386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
HAEUSLER, SHARON S 4640 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33813	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR S HAEUSLER, SHARON S 4640 CLEVELAND 1415 BLVD LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURRENCY, JAMES 4640 CLEVELAND 1415 BLVD LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sharon S. Haeusler</i>	SHARON S. HAEUSLER 4/24/2007 863-646-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #

ATTACHMENT

60043757

#L01000010337

VISUAL CONCEPTS

April 24, 2007

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

To Whom It May Concern:

Please see the attached copy of a document we received from the Internal Revenue Service regarding our EIN number. The 53-316979 was our original number when we began business as a partnership. When we became a Limited Liability Company, our attorney advised us to apply for a new number as an LLC. We operated under that number until we were contacted by the IRS, who explained that they view a LLC as a partnership and therefore, we should revert back to the original number. We have been using the original 53-316979 since May, 2006.

Regards,



Sharon Haeusler
President / Co-Owner

R10532

SBL



Department of the Treasury
Internal Revenue Service
PHILADELPHIA PA 19255-0035

ATTACHMENT

60043757
#L01000010337

Date of this notice: May 22, 2006
Notice Number: CP-209
Taxpayer Identification Number:
59-3169379
Tax Form: 2363
Tax Period:

001223.287975.0003.001 1 MB 0.326 370



VISUAL CONCEPTS OF FLORIDA LLC
4640 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813-2110404

For assistance, call:

1-800-829-0115

001223

*CC-Y Mrs. Powell
941417
5/26/06 11:30am*

EIN Assigned in Error

Our records indicate we have incorrectly assigned more than one employer identification number to you. The number shown above is your correct one. The following number has been incorrectly assigned: 59-3734386

We will transfer any payments or returns to your account under the correct employer identification number.

Please use the correct number and account name, exactly as shown above, on business tax returns, payments, payments made electronically, and related correspondence.

Please destroy any federal tax deposit coupon books that show the incorrect employer identification number.

If you deposit electronically, please verify that your EIN is correct before making your deposit with the financial institution designated to process your electronic funds transfer (EFT) tax payments.

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

CC-Y

*per Mrs. Powell 5/26/06 11:54pm
with IRS LLC still considered a partnership
Send letter stating that we want to remain
with 59-3734386 as Visual Concepts of Florida
Send to address above*