LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90107 013 ****50.00

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DOCU 1. Entity Nam	MENT # LOIOC	00212	09	3.202020107015
Viseon Partners, LLC				
. • .				· ·
	DO NOT WRITE	IN THIS SE	PACE	
			-	0,17000
	Place of Business w. Eau Gallie Blud	3. Mailing Address PO Box	1574	947088
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	, , , ,	DO NOT WRITE IN THIS SPACE -
City & Stat		City & State	T ,	4. FEI Number Applied For
Me16	OUINE FL Country	Melbourne	Country	80-0020567 Not Applicable \$5.00 Additional
-32934		- 32902-	-45	5. Cutilicate of Status Desired Fee Required Fee Required
	, ,		Name -	7. Name and Address of Current Registered Agent
	DO NOT W	RITE	Street A	Brendan T. Fitzgerald direction (P.B. Box Number is Not Acceptable)
7	IN THIS SP	ACE	9	87 Bella Cominó Way
•			City _	Indialantic FL Zip Code 32903
8. The above	named entity submits this statement for	the purpose of changing its		registered agent, or both, in the State of Florida.
CICMATURE				·
SIGNATURE"	Signature, typed or printed name of registered agent a	1	T	DATE
		Make Check Pay	EE IS \$50.00 yable to Departi UE BY MAY 1	nent of State
9.	MANAGING MEMBER	RS/MANAGERS		
NAME .	Principal Brendan T. Fitza	erald	TITLE NAME .	700
STREET ADDRESS CITY-ST-ZIP	Brendan T. Fitzgi 487 Bella Cami Indialantic Fl	10 Way - 32903	STREET ADDRESS CITY-ST-ZIP	СВО
TITLE NAME			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE	_		TITLE .	
NAME STREET ADDRESS			NAME STREET ADDRESS	South Town To B. Warm and the F. U. & Known St. and Jackson Street.
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WRITE
TITLE NAME			title Name	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	-		STREET ADDRESS CITY-ST-ZIP	
TITLE			TITLE	
name Street address			NAME . STREET ADDRESS .	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME			TITLE :	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied with	his filing does not qualify for	CITY-ST-ZIP the exemption state	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the information
indicated	on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have t	he same legal effec	t as if marie under eath; that I am a managing member or manager of the