


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008594 1. Entity Name COREVISION STRATEGIES, LLC	
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Principal Place of Business 5255 NORTH FEDERAL HIGHWAY THIRD FLOOR BOCA RATON, FL 33487 US	Mailing Address 5255 NORTH FEDERAL HIGHWAY THIRD FLOOR BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0428172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, HUGH H
5255 NORTH FEDERAL HIGHWAY
THIRD FLOOR
BOCA RATON, FL 33487

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODWIN, BRUCE D 5255 N. FEDERAL HIGHWAY BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALI, MARTIN H 330 SEVENTH AVENUE - FOURTH FLOOR NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALY, JOHN 330 SEVENTH AVENUE - FOURTH FLOOR NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NA, NA NA NA, NA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NA, NA NA NA, NA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, HUGH H 5255 N. FEDERAL HIGHWAY-THIRD FLOOR BOCA RATON, FL 33487

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05/04/05-80021-015 50.00

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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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/05 561-995-8282
Date Daytime Phone #