

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90181 013 \*\*\*\*50.00

**DOCUMENT # L04000016604**

1. Entity Name  
VISION & SPACES, LLC



Principal Place of Business  
14359 MIRAMAR PARKWAY #104  
MIRAMAR, FL 33027

Mailing Address  
14359 MIRAMAR PARKWAY #104  
MIRAMAR, FL 33027

60035488



04102007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0802985	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RAZOOK, RICHARD ESQ  
HUNTON & WILLIAMS  
1111 BRICKELL AVENUE, STE. 2500  
MIAMI, FL 33131

**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 \_\_\_\_\_

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABOU, CHAD 14359 MIRAMAR PARKWAY #104 MIRAMAR, FL 33027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABOU, LORI 14359 MIRAMAR PARKWAY #104 MIRAMAR, FL 33027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

04/09/07 954.392.9898

Date

Daytime Phone #