

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017484

FILED
Jan 23, 2009
Secretary of State

Entity Name: HELIVISIONS, LLC

Current Principal Place of Business:

1900 N. ANDREWS AVE. EXT
SUITE B
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1900 N. ANDREWS AVE. EXT
SUITE B
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 68-0581199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORELISHN, ELIZABETH
2827 N. E. 12TH STREET
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: KORELISHN, ELIZABETH
Address: 2827 N. E. 12TH STREET
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP () Delete
Name: BASALYGA, BRIAN
Address: 1300 S W 9TH STREET
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH KORELISHN

PRES

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date