

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90032 039 ****50.00

DOCUMENT # L04000019157

1. Entity Name

BLUVISION INVESTMENT GROUP, LLC



Principal Place of Business

**905 SPRING PARK LOOP
CELEBRATION FL 34747**

Mailing Address

**905 SPRING PARK LOOP
CELEBRATION FL 34747**

2. Principal Place of Business

903 Spring Park Loop

Suite, Apt. #, etc.

3. Mailing Address

903 Spring Park Loop

Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

Celebration, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

01-0809037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

**KIM, KEITH
905 SPRING PARK LOOP
CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name

KEITH Kim

Street Address (P.O. Box Number is Not Acceptable)

903 Spring Park Loop

City

Celebration

FL

Zip Code

34747

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

Keith C Kim

KEITH C Kim

3/6/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KIM, KEITH**
STREET ADDRESS **905 SPRING PARK LOOP**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Kim, KEITH**
STREET ADDRESS **903 Spring Park Loop**
CITY-ST-ZIP **Celebration, FL 34747**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Keith C Kim

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

3/6/06 (32) 436 0548

Date

Daytime Phone #