

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90097 041 ****55.00

DOCUMENT # L04000028412

1. Entity Name
VISION SOLUTION TECHNOLOGY LLC



Principal Place of Business
**2500 E. HALLANDALE BEACH BLVD., #N
HALLANDALE, FL 33009**

Mailing Address
**2500 E. HALLANDALE BEACH BLVD., #N
HALLANDALE, FL 33009**

20045211

2. Principal Place of Business
10367 NW 41st Street

3. Mailing Address
10367 NW 41st Street



04212005 Chg-LLC CR2E083 (10/03)

City & State
DORAL, FL

City & State
DORAL, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

4. FEI Number
20-0984879

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YALON, MOSHE
2500 E HALLANDALE BEACH BLVD #N
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name **CARLOS M ROMERO**

Street Address (P.O. Box Number is Not Acceptable)
4005 NW 114th Ave. Suite #8

City **DORAL** FL Zip Code **33178**

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 **CARLOS M ROMERO MGRM** **04/21/05**

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM ☐ Delete

NAME
YALON, MOSHE

STREET ADDRESS
2500 E HALLANDALE BEACH BLVD., #N

CITY-ST-ZIP
HALLANDALE, FL 33009

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
MGRM ☐ Change ☒ Addition

NAME
CARLOS M ROMERO

STREET ADDRESS
4005 NW 114th Ave. Suite #8

CITY-ST-ZIP
DORAL, FL 33178

TITLE
MGR ☐ Change ☒ Addition

NAME
MENNY BILA

STREET ADDRESS
5309 BANYAN LANE

CITY-ST-ZIP
TAMARAC, FL 33019

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: **CARLOS M ROMERO MGRM** **04/21/05** **305-718-3974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #