# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 16, 2007**
**Secretary of State**

DOCUMENT# L04000028412

**Entity Name:** VISION SOLUTION TECHNOLOGY LLC

**Current Principal Place of Business:**

10367 NORTHWEST 41ST STREET
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

10367 NORTHWEST 41ST STREET
DORAL, FL 33178 US

**New Mailing Address:**

**FEI Number: 20-0984879** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ROMERO, CARLOS M
4005 NORTHWEST 114TH AVENUE
SUITE 8
DORAL, FL 33178 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: MGRM ( ) Delete
Name: ROMERO, CARLOS M
Address: 4005 NORTHWEST 114TH AVENUE SUITE 8
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete
Name: GILA, MENNY
Address: 5309 BANYAN LANE
City-St-Zip: TAMARAC, FL 33019

**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: CARLOS M ROMERO MGRM 07/16/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date