

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 040 ***143.75

DOCUMENT # L04000036308

1. Entity Name
VISIONGLOW OF NORTH AMERICA, LLC



Principal Place of Business
131 COMMERCE WAY
SANFORD, FL 32771-3042

Mailing Address
131 COMMERCE WAY
SANFORD, FL 32771-3042

60008735



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1377295

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, CHARLES R
1413 TROVILLION AVE
WINTER PARK, FL 32879

Name Robert Lamphier

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

131 Commerce Way

City Sanford

FL

Zip Code 32771-3042

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)

1/22/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME LAMPHIER, GARY M.
STREET ADDRESS 2349 RIVER TREE CIRCLE
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LAMPHIER, ROBERT W.
STREET ADDRESS 2170 MONTECITO AVENUE
CITY-ST-ZIP DELTONA, FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LAMPHIER, CLARENCE J.
STREET ADDRESS 2160 MONTECITO AVENUE
CITY-ST-ZIP DELTONA, FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME HARRISON, CHARLES R.
STREET ADDRESS 1413 TROVILLION AVENUE
CITY-ST-ZIP WINTER PARK, FL 32879

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME JACKSON, PHILIP RAY
STREET ADDRESS 108 CROOKED PINE DRIVE
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/08

Date

407-330-1628

Daytime Phone #