

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90109 020 \*\*\*\*50.00

<b>DOCUMENT # L04000054570</b> 1. Entity Name <b>VISIONARY PROFESSIONAL PRODUCTS, LLC</b>			
Principal Place of Business <b>7322 NW 18TH CT. PEMBROKE PINES, FL 33024</b>		Mailing Address <b>7322 NW 18TH CT. PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business <b>12201 NW 35TH ST Suite, Apt. #, etc. 528</b>		3. Mailing Address <b>12201 NW 35TH ST Suite, Apt. #, etc. 528</b>	
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>	
Zip <b>33065</b>	Country 	Zip <b>33065</b>	Country 
4. FEI Number <b>20-1404950</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEHART, WILLIAM S 7322 NW 18TH CT. PEMBROKE PINES, FL 33024</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>W.S. DeHart</u> <u>President + MGRM</u> <span style="float: right;"><u>7-10-05</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>WILLIAM S. DEHART MGRM 7322 NW 18TH CT. PEMBROKE PINES, FL 33024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>W.S. DeHart</u> <u>WILLIAM S. DEHART</u>		Date <u>7-10-05</u> Daytime Phone # <u>954 864 1017</u>	



ATTACHMENT

38010704

FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

July 21, 2005

VISIONARY PROFESSIONAL PRODUCTS, LLC  
12201 W 35TH  
528  
CORAL SPRINGS, FL 33065

Subject: **VISIONARY PROFESSIONAL PRODUCTS, LLC**

Reference Number: **L04000054570**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/SC

ANNUAL REPORTS SECTION