

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061876

Entity Name: NEW VISION, L.L.C.

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

4030 SOUTH PIPKIN ROAD  
SUITE 100  
LAKELAND, FL 33811

## New Principal Place of Business:

464 W. PIPKIN ROAD  
SUITE 1  
LAKELAND, FL 33813

## Current Mailing Address:

P.O. BOX 6922  
LAKELAND, FL 33807

## New Mailing Address:

FEI Number: 20-1510495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DANIEL MEDINA, P.A.  
902 S. FL AVE.  
STE. 101  
LAKELAND, FL 33803 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: MGR ( ) Delete  
Name: HULBERT, MARK  
Address: 4030 S PIPKIN RD STE 100  
City-St-Zip: LAKELAND, FL 33811

Title: MGR ( ) Delete  
Name: HULBERT, LINDA D  
Address: 4030 S PIPKIN RD STE 100  
City-St-Zip: LAKELAND, FL 33811

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HULBERT, MARK  
Address: 464 W. PIPKIN ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: MGR (X) Change ( ) Addition  
Name: HULBERT, LINDA D  
Address: 464 W. PIPKIN ROAD  
City-St-Zip: LAKELAND, FL 33813

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: LINDA HULBERT

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date