

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90294 045 ****50.00

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01172005 Chg-LLC CR2E083 (10/03)

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|---|---|--|---|---|--|
| DOCUMENT # L04000077152 1. Entity Name ENVISION, LLC | | | | | |
| Principal Place of Business 601 EAST DIXIE AVE., SUITE 1001 LEESBURG, FL 34748 | | | Mailing Address 601 EAST DIXIE AVE., SUITE 1001 LEESBURG, FL 34748 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 297 Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Tavares FL Zip 32778 | | 4. FEI Number 20-1858794 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOWRY, ARCHIE O JR. 308 EAST FIFTH AVE. MOUNT DORA, FL 32757 | | | 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;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CHANG, KHAI S 601 EAST DIXIE AVE., SUITE 1001 LEESBURG, FL 34748 | | 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 | |
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| 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: <i>Chang Khai Sheng</i> | | | 3/24/05 352-735-3755 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |