

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-21-2006 90178 044 ****50.00

DOCUMENT # L05000008747					
1. Entity Name MENAVISION, LLC					
Principal Place of Business 111 SHELLIE CT. LONGWOOD, FL 32779			Mailing Address 111 SHELLIE CT. LONGWOOD, FL 32779		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-2355368 Applied For Not Applicable					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MENA, JOSE 111 SHELLIE CT. LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONKEY HEAD CORPORATION 4535 W. SAHARA AVE., SUITE 204 LAS VEGAS, NV 89102 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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 EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1-11-06 Daytime Phone #		