

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90120 040 \*\*\*\*50.00

**DOCUMENT # L05000013942**

1. Entity Name  
**EXPORT VISION INTERNATIONAL, LC**



Principal Place of Business  
**213 LINKSIDE CIRCLE  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**213 LINKSIDE CIRCLE  
PONTE VEDRA BEACH, FL 32082**



03102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-0105246**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POLSTER, LEIGH B  
213 LINKSIDE CIRCLE  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DISANT, PHILIPPE  
RUA FRANCISCO MARTINS FEITOSA/1109 VILA  
LAVINIA - MOGI DAS CRUZES,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TALL OAKS, INCORPORATED  
51 PARTRIDGE CIRCLE  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JOHN J LACKOVIC  
110 CHARLESTON HUNT DRIVE  
PHOENIXVILLE, PA 19460**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRYAN, D. WAYNE  
282 LANSING ISLAND DRIVE  
INDIAN HARBOR BEACH, FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PARKER, A. TOM  
51 PARTRIDGE CIRCLE  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POLSTER, ROBERT W  
213 LINKSIDE CIRCLE  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**3/10/07**

Date

Daytime Phone #

**904-273-6557**