

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024011

FILED
Jul 02, 2007
Secretary of State

Entity Name: VISION MECHANICAL SERVICES, LLC

Current Principal Place of Business:

2209 COLLIER PARKWAY
UNIT 116
LAND'O'LAKES, FL 34639 US

New Principal Place of Business:

Current Mailing Address:

POB 339
C/O MICHAEL SCHMEGER
LAND O LAKES, FL 34639 US

New Mailing Address:

POB 339
C/O MICHAEL SCHWAGER
LAND O LAKES, FL 34639 US

FEI Number: 20-2478940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHWAGER, MICHAEL C
3209 COLLIER PKWY
STE 116
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

SCHWAGER, MICHAEL C
2209 COLLIER PKWY
STE 116
LAND O LAKES, FL 34639 US

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:

07/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWAGER, MICHAEL C
Address: POB 339
City-St-Zip: LAND'O'LAKES, FL 34639 US

Title: MGRM () Delete
Name: SCHWAGER, TRACY L
Address: POB 339
City-St-Zip: LAND'O'LAKES, FL 34639 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SCHWAGER

MGRM

07/02/2007

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