2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L05000024011

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 SCHWAGER
LAND O LAKES, FL 34639 US

New Mailing Address:

FEI Number: 20-2478940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHWAGER, MICHAEL C
2209 COLLIER PKWY
STE 116
LAND O LAKES, FL 34639 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: 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: MGRM (X) Change ( ) Addition
Name: SCHWAGER, MICHAEL C
Address: P.O.BOX 339
City-St-Zip: LAND"O"LAKES, FL 34639 US

Title: MGRM (X) Change ( ) Addition
Name: SCHWAGER, TRACY L
Address: P.O.BOX 339
City-St-Zip: LAND"O"LAKES, FL 34639 US

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 04/09/2009

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