

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000032253

FILED
May 11, 2007
Secretary of State

Entity Name: RED VISION, LLC

Current Principal Place of Business:

4020 N 30TH AVE
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

4020 N 30TH AVE
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 20-2612672 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:

Name and Address of New Registered Agent:

AVITAN, MOMY
4020 N 30TH AVE
HOLLYWOOD, FL 33020 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: MOMY AVITAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AVITAN, MOMY
Address: 4020 N 30TH AVE
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM () Delete
Name: AVITAN, DAVID
Address: 4020 N 30TH AVE
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM () Delete
Name: AVITAN, YORAM
Address: 4020 N 30TH AVE
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES:

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

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: MOMY AVITAN

MGRM

05/11/2007

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