

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059086

Entity Name: INVISON, LLC

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

850 N. MIAMI AVE  
SUITE 1607W  
MIAMI, FL 33136

## New Principal Place of Business:

14519 GRAND COVE DR  
ORLANDO, FL 32837

## Current Mailing Address:

850 N. MIAMI AVE  
SUITE 1607W  
MIAMI, FL 33136

## New Mailing Address:

14519 GRAND COVE DR  
ORLANDO, FL 32837

FEI Number: 25-1919312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NARAIN, NIVEN R  
850 N. MIAMI AVE  
SUITE 1607W  
MIAMI, FL 33136 US

## Name and Address of New Registered Agent:

NARAIN, NIVEN R  
14519 GRAND COVE DR  
ORLANDO, FL 32837 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:

04/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NARAIN, NIVEN R  
Address: 850 N. MIAMI AVE SUITE 1607W  
City-St-Zip: MIAMI, FL 33136

Title: MGR ( ) Delete  
Name: NARAIN, STEPHEN R  
Address: 14519 GRAND COVE DR  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: NARAIN, NIVEN R  
Address: 14519 GRAND COVE DR  
City-St-Zip: ORLANDO, FL 32837

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: NIVEN R NARAIN

MGR

04/16/2009

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