


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90043 006 ****50.00

DOCUMENT # L05000096631		
1. Entity Name VISAGE PROPERTIES, LLC		

Principal Place of Business 3619 BAYSHORE BLVD NE ST PETERSBURG, FL 33703	Mailing Address 3619 BAYSHORE BLVD NE ST PETERSBURG, FL 33703
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5253 Central Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Petersburg, FL	
Zip	Country	Zip 33710	Country U.S.A.

1000000000



04252007 Chg-LLC CR2E083 (12/06)

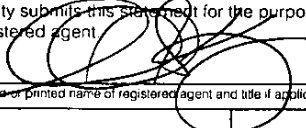
4. FEI Number
NOT APPLICABLE 20-3667922

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BROBST, RICK 3619 BAYSHORE BLVD NE ST PETERSBURG, FL 33703	
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7. Name and Address of New Registered Agent Name Alexandria Kongsiri Street Address (P.O. Box Number is Not Acceptable) 5253 Central Ave City St Petersburg FL Zip Code 33710	
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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.

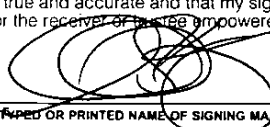
SIGNATURE  Alexandria Kongsiri DATE 4/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG KONGSIRI, ALEXANDRIA 3619 BAYSHORE BLVD NE ST PETERSBURG, FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Alexandria Kongsiri DATE 4/25/07 727-388-6982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #