

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90035 006 ****50.00

DOCUMENT # L05000098541

1. Entity Name
VISION 2009, LLC



Principal Place of Business
550 BULL RIVER ROAD
NOXON, MT 59853

Mailing Address
550 BULL RIVER ROAD
NOXON, MT 59853

40033721

2. Principal Place of Business
6 Kyan Lane
Suite, Apt. #, etc.

3. Mailing Address
6 Kyan Lane
Suite, Apt. #, etc.

City & State
Noxon, MT
Zip 59853 Country USA

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Zip 59853 Country USA

04152006 Chg-LLC CR2E083 (11/05)

4. FEI Number 203676733
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HOUFF, WILLIAM L CPA
CARR RIGGS & INGRAM, LLC
1713 MAHAN DRIVE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 William L. Houff, CPA
Signature, typed or printed name of registered agent and title if applicable.

4/15/06
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Mrs. Diane H. Haskins, MGRM ☐ Delete
NAME
STREET ADDRESS 6 Kyan Lane
CITY-ST-ZIP Noxon, MT 59853

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Diane H. Haskins, MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/06
Date

406-847-0036
Daytime Phone #

Diane H. Haskins