

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103679

Entity Name: CLEARVISION, LLC

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 1300
ALACHUA, FL 32616 US

New Principal Place of Business:

7257 NW 4TH BLVD STE #46
GAINESVILLE, FL 32607 US

Current Mailing Address:

PO BOX 1300
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 20-3801393 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:

SYER, SERENE
20109 NW 113TH WAY
ALACHUA, FL 32615 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: MGR () Delete
Name: SYER, SERENE
Address: PO BOX 1300
City-St-Zip: ALACHUA, FL 32616

Title: MGRM () Delete
Name: PORITZ, JASON
Address: PO BOX 1300
City-St-Zip: ALACHUA, FL 32616

Title: MGRM () Delete
Name: PORITZ, JEROME
Address: PO BOX 1300
City-St-Zip: ALACHUA, FL 32616

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: SERENE SERENE

MGR

05/04/2007

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