2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L05000103679

Entity Name: CLEARVISION, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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: MGR (X) Change ( ) Addition
Name: PORITZ, JASON
Address: PO BOX 1300
City-St-Zip: ALACHUA, FL 32616

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 SYER MGR 05/01/2008

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