

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103679

Entity Name: CLEARVISION, LLC

FILED  
Mar 13, 2009  
Secretary of State

## 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 ( )

## 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: M (X) Delete  
Name: PORITZ, JASON  
Address: PO BOX 1300  
City-St-Zip: ALACHUA, FL 32616

Title: M ( ) 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: MGRM (X) Change ( ) Addition  
Name: PORITZ, JEROME  
Address: 7257 NW 4TH BLVD STE #46  
City-St-Zip: GAINESVILLE, FL 32607

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

03/13/2009

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