

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90099 013 ***138.75

DOCUMENT # L06000005358					
1. Entity Name VISION GROUP DEVELOPMENT, LLC					
Principal Place of Business 920 WEST 84TH STREET HIALEAH, FL 33014			Mailing Address 920 WEST 84TH STREET HIALEAH, FL 33014		
2. Principal Place of Business - No P.O. Box # 5803 NW 151 St.		3. Mailing Address 5803 NW 151 St.			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Miami Lakes, FL		City & State Miami Lakes, FL			
Zip 33014		Country US			
4. FEI Number 20-4455310		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SOTO, MIGUEL 920 WEST 84TH STREET HIALEAH, FL 33014			7. Name and Address of New Registered Agent Name: Miguel Soto Street Address (P.O. Box Number is Not Acceptable): 5803 NW 151 St., #201 City: Miami Lakes FL Zip Code: 33014		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOTO, MIGUEL 920 WEST 84TH STREET HIALEAH, FL 33014		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5803 NW 151 St., #201 Miami Lakes, FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					