

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90162 030 ****50.00

DOCUMENT # L06000014816

1. Entity Name
VIVIAN POWERS WEB DESIGN, LLC



Principal Place of Business
**1821 LEGION DRIVE
WINTER PARK, FL 32789**

Mailing Address
**1821 LEGION DRIVE
WINTER PARK, FL 32789**

2. Principal Place of Business - No P.O. Box #
95 Spring Lake Hills Dr

3. Mailing Address
95 Spring Lake Hills Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Altamonte Springs FL
Zip **32714** Country **Seminole**

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Altamonte Springs FL
Zip **32714** Country **Seminole**

03182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4280818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, VIVIAN
1821 LEGION DRIVE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

95 Spring Lake Hills Drive

City **Altamonte Springs** FL Zip Code **32714**

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 **Vivian Powers**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
POWERS, VIVIAN
1821 LEGION DRIVE 95 Spring Lake Hills Dr.
WINTER PARK, FL 32789 Altamonte Spgs FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

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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: **Vivian Powers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/07
Date

Daytime Phone #