

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036381

FILED  
Apr 14, 2007  
Secretary of State

**Entity Name:** ENVISION SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

1429 HIGHLAND DRIVE  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

1427 PINE ST.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1429 HIGHLAND DRIVE  
TALLAHASSEE, FL 32317

**New Mailing Address:**

P.O. BOX 12563  
TALLAHASSEE, FL 32317

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKINSON, BRENDA  
1429 HIGHLAND DRIVE  
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

STRIPLING, KAREN W DR.  
1427 PINE STREET  
TALLAHASSEE, FL 32303 US

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: DR. KAREN W. STRIPLING

04/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: STRIPLING, KAREN W DR.  
Address: 1427 PINE ST.  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. KAREN W. STRIPLING

PRES

04/14/2007

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