

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000056238**

1. Entity Name  
MICRO VISION, LLC



Principal Place of Business  
721 BRUCE AVENUE  
CLEARWATER BEACH, FL 33767

Mailing Address  
721 BRUCE AVENUE  
CLEARWATER BEACH, FL 33767



02072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5043042

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBKE, MOLLY  
721 BRUCE AVENUE  
CLEARWATER BEACH, FL 33767

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000867848

04/08/08-80097-011-138.75

**9. MANAGING MEMBERS/MANAGERS**

NAME	MGRM
NAME	ROBKE, MOLLY L
STREET ADDRESS	721 BRUCE AVENUE
CITY-STATE-ZIP	CLEARWATER BEACH, FL 33767
NAME	MGRM
NAME	LINDBLOM, TIMOTHY P
STREET ADDRESS	721 BRUCE AVENUE
CITY-STATE-ZIP	CLEARWATER, FL 33767
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Molly Robke*

MOLLY ROBKE  
MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

727 449-2296