FILED
Jun 11, 2007 8:00 am
Secretary of State
05-02-2007 90352 003 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056557

1. Entity Name
VISOROV, LLC

30010485

Principal Place of Business	Mailing Address
1829 S HARBOR CITY BLVD. MELBOURNE, FL 32901	1829 S HARBOR CITY BLVD. MELBOURNE, FL 32901

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
150 COCONUT DRIVE	150 COCONUT DRIVE
Suite, Apt. #, etc.: SUITE 101	Suite, Apt. #, etc.: SUITE 101
City & State: INDIALANTIC FL	City & State: INDIALANTIC FL
Zip: 32903 / Country:	Zip: 32903 / Country:

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 26-0319744 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE TORPY GROUP, P.L. 202 N. HARBOR CITY BLVD., STE. 200 MELBOURNE, FL 32935	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 resigning) DATE

Filing Fee Is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☑ Addition
	MEMBER JOHN SORGENFREI 150 COCONUT DR #101 INDIALANTIC FL 32903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: John Sorgenfrei 4/30/07 321 725 4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #