2007 LIMITED LIABILITY COMPANY

FILED May 14, 2007 8:00 am Secretary of State

4/23

| | ANNUAL | REPORT | | | | | |
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| DOOLINENT #1 0000072045 | | | | | | | |

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|--|--|---------------------------------------|--------------------------|----------------------------|---|---------------------------------------|---------------------------------------|-------------------------------|--|
| DOCUMENT # L06000072015 1. Entity Name VISIONTEAM ENGINEERING, LLC | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | 1 | 30007582 | | | | |
| 8710 S.E. 19 | D S.E. 19TH AVENUE ROAD 8710 S.E. 19TH AVENUE ROAD LA, FL 34480 US 0CALA, FL 34480 US | | | | esin eiin etik pein es: | H Gent wert field edigt ligh | משת ווו ומשונט ו | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
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| Suite, Apt. | #. BIG. | Suite, Apt. #, etc. | | | 02222007 | Chg-LLC | CR2E083 (12/0 | 6) | |
| City & State | • | City & State | | | 4. FEI Numb | | 169 F | Applied For Not Applicable | |
| Zip | Country | Zip | Z _i p Country | | 5. Cardificate of Status Desired 55.00 Additional | | | | |
| | 6. Name and Address of Current | Registered Agent | L | | 7 Name and | Address of New R | Fee Req | ulred | |
| | Sile Paper 300 Or Coll Vill | Branes an estatut | | Name | | | -Aise an whall | | |
| BURNS, RO 8710 S.E. OCALA, FL | 19TH AVENUE ROAD | | | Street Address (| P.O. Box Numb | er is Not Acceptable | a) | | |
| i | • | | | | | | | | |
| | | | | City | | | FL Zip C | ode | |
| | named entity submits this statement looks of registered agent. | or the purpose of changing its | registere | ed office or register | red agent, or bo | th, in the State of Flo | orida. I am familiar w | ith, and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOT | E: Registere | d Agent signature required | d when remaisting) | · · · · · · · · · · · · · · · · · · · | DATE | | |
| | ling Fee is \$50.00 ue by May 1, 2007 | | | | | | e check payable to Department of S | | |
| 9. | MANAGING MEMB | TIE (MANIACIERE | 10. | · | 1 | ADDITIONS / | CUANCER | | |
| TITLE . | MGRM | Delete | tiru: | | | ADDITIONS | Chan | pe Addition | |
| NAME | BURNS, ROBERT | | NAM | £ | | | | | |
| STREET ADDRESS | 8710 S.E. 19TH AVENUE ROAD |) | 1 | ET ACORESS ·SI-7IP | | | | | |
| CITY-ST-ZIP | OCALA, FL 34480 MGRM | ☐ Delete | TITLE | | | | ☐ Chan | n O Assistan | |
| NAME | MCCAIN, MIKE P.E. | □ ndat | NAM | , | | | U Caan | e Addition | |
| STREET ADDRESS | 8710 S.E. 19TH AVENUE ROAS |) | | ET ADDRESS | | | | . | |
| CITY-ST-ZIP | OCALA, FL 34480 | | | -SI-ZIP | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| 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. | | | | | | | | | |
| } | 00 0 | . A. | 10 | | i | | (m->- | | |
| SIGNAT | FURE: FYE OR PRINTED NAME | 11 ober | 14 | AUTHORIZED REPRES | <u></u> | 10.01 | (223) <i>R</i> E | 1.030x | |