

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000073906**

**1. Entity Name**  
**VISION FINANCIAL CONSULTANTS LLC**



**Principal Place of Business**

**10315 SW 154 CIRCLE COURT, UNIT 30**  
**MIAMI, FL 33196**

**Mailing Address**

**10315 SW 154 CIRCLE COURT, UNIT 30**  
**MIAMI, FL 33196**



08282007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-5278736**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

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

**LLOYD, JESSICA**  
**9415 SUNSET DR. SUITE 282**  
**MIAMI, FL 33173**

**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**

*Jessica Romero Lloyd*

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

(NOTE: Registered Agent signature required when reinstating)

**8/28/07**

DATE

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

U00000773137  
08/31/07-80002-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**MENDOZA, CHRISTOPHER**  
**10315 SW 154 CIRCLE COURT, UNIT 30**  
**MIAMI, FL 33196**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-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:**

*Christopher Mendoza*

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

**8/28/07**

DATE

**786-443-3707**

Daytime Phone #