

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107810

Entity Name: MULTIVISIONS, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1650 N.W. 128TH DRIVE, SUITE NO. 303  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1650 N.W. 128TH DRIVE, SUITE NO. 303  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 20-5944349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MULLIGAN, LEESA  
1650 N.W. 128TH DRIVE, SUITE NO. 303  
SUNRISE, FL 33323 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: MULLIGAN, LEESA  
Address: 1650 N.W. 128TH DRIVE, SUITE NO. 303  
City-St-Zip: SUNRISE, FL 33323

Title: ST  
Name: MULLIGAN, LEESA  
Address: 1650 N.W. 128TH DRIVE, SUITE NO. 303  
City-St-Zip: SUNRISE, FL 33323

Title: P  
Name: ALBURY, STEPHEN  
Address: 1650 N.W. 128TH DRIVE, SUITE NO. 303  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: CRISTALDI, BOB  
Address: 100 4TH AVE NW  
City-St-Zip: LUTZ, FL 33548

I hereby 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: LEESA MULLIGAN

CEO

04/29/2010

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