2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000108321

1. Entity Name
VISION PAINTING OF FLORIDA LLC

Principal Place of Business	Mailing Address
2240 HEMINGWAY DRIVE UNIT 1 FORT MYERS, FL 33912	2240 HEMINGWAY DRIVE UNIT 1 FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

04282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
41-2221119

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VITIELLO, FELIX S
536 DURION DRIVE
LEHIGH ACRES, FL 33936

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000936395
05/27/08-80009-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MUNIZZI, SALVATORE B
STREET ADDRESS	2240 HEMINGWAY DRIVE UNIT 1
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	VITIELLO, FELIX
STREET ADDRESS	536 DURION DRIVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
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	

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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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #