

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121607

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: VALUE VISION OF BRANDON, LLC

**Current Principal Place of Business:**

1180 NIKKI VIEW DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

1180 NIKKI VIEW DRIVE  
BRANDON, FL 33511

**New Mailing Address:**

FEI Number: 20-8103086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REILLY, LAURA A DR.  
1180 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US

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

VIZZARI, LAURA A DR.  
1180 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US

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: LAURA VIZZARI

02/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REILLY, LAURA  
Address: 1180 NIKKI VIEW DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: ST ( ) Delete  
Name: REILLY, LAURA  
Address: 1180 NIKKI VIEW DRIVE  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VIZZARI, LAURA  
Address: 1180 NIKKI VIEW DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: ST (X) Change ( ) Addition  
Name: VIZZARI, LAURA  
Address: 1180 NIKKI VIEW DRIVE  
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURA VIZZARI

MGR

02/09/2009

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