FILED
Aug 11, 2008 8:00 am
Secretary of State

03-25-2008 90084 026 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L07000033611

1. Entity Name

CRYSTAL VISION SERVICES, LLC

Principal Place of Business	Mailing Address
~~448 KANSAS AVENUE~~ ~~DELAND FL 32724~~	P.O. BOX 3116 DELAND FL 32721

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 311 N Blue Lake	3. Mailing Address: P.O. Box 3116
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland FL	City & State: Deland, FL
Zip: 32724 Country: USA	Zip: 32721 Country:

4. FEI Number: ~~23~~-75-3236019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVE, ALICIA L
~~448 KANSAS AVENUE~~ 311 N Blue Lake
~~DELAND FL 32724~~ Deland, FL 32724

~~7. Name and Address of New Registered Agent~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Alicia L Dove

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOVE, ALICIA L		NAME		
STREET ADDRESS	~~448 KANSAS AVENUE~~ P.O. Box 3116		STREET ADDRESS		
CITY-ST-ZIP	~~DELAND FL 32724~~ Deland, FL 32721		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alicia L Dove 5/9/08

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