

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072115

**Entity Name:** AMERICAN NEW VISION, LLC

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

19620 PINES BLVD, STE 217-13  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

16113 NW 14TH CT  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

19620 PINES BLVD, STE 217-13  
PEMBROKE PINES, FL 33029

**FEI Number:** 38-3760880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, DAVID J MGRM  
16113 NW 14TH CT  
PEMBROKE PINES, FL 33028 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:** MGRM  
**Name:** GONZALEZ, DAVID J  
**Address:** 16113 NW 14TH CT  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** MGR  
**Name:** GONZALEZ, ABRAHAM  
**Address:** 3216 OPEN FIELD LN. APT. 733  
**City-St-Zip:** CHARLOTTE, NC 28226

**Title:** MGRM  
**Name:** GONZALEZ, ARIELLE E  
**Address:** 16113 NW 14TH CT  
**City-St-Zip:** PEMBOKE PINES, FL 33028

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:** DAVID GONZALEZ

MGRM

01/21/2010

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