

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093471

Entity Name: MEDVIEWS, LLC

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

4315 FAWN MEADOWS CIRCLE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

4315 FAWN MEADOWS CIRCLE
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 56-2676022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURFORD, TRAVIS A
4315 FAWN MEADOWS CIRCLE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BURFORD, TRAVIS A OWNER
4315 FAWN MEADOWS CIRCLE
CLERMONT, FL 34711 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: TRAVIS A. BURFORD

03/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURFORD, TRAVIS A
Address: 4315 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BURFORD, TRAVIS A OWNER
Address: 4315 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711 US

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: TRAVIS A. BURFORD

P

03/28/2009

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