

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 16, 2008 8:00 am
Secretary of State

04-11-2008 90181 034 ***138.75

DOCUMENT # L07000105589 1. Entity Name EUROPE NORTH VISION, LLC					
Principal Place of Business 4449 NORTH BAY ROAD MIAMI BEACH, FL 33140			Mailing Address 4449 NORTH BAY ROAD MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEL Number 592-66-1071 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04052008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent EKDAHL, LARS B 4449 NORTH BAY ROAD MIAMI BEACH, FL 33140			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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retreating)					
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LARS B. EKDAHL 4449 N. BAY RD MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: <u>Lars B. Ekdahl</u>			04/08/08 (305)532-7198		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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