

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108972

FILED  
May 01, 2008  
Secretary of State

Entity Name: THE VISION, LLC

**Current Principal Place of Business:**

5205 SE 4TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

5205 SE 4TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

P.O. BOX 5651  
OCALA, FL 34478 US

FEI Number: 33-1186775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STILES, WILLIAM F  
5205 SE 4TH STREET  
OCALA, FL 34471 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: MGR ( ) Delete  
Name: STILES, WILLIAM F  
Address: 5205 SE 4TH STREET  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: BARNER, RICHARD JR  
Address: 1951 SW 18TH COURT SUITE C  
City-St-Zip: Ocala, FL 34471 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM STILES

MGR

05/01/2008

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