

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011857

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** MEAM VISIONS, LLC

**Current Principal Place of Business:**

1755 W. BROADWAY, SUITE 4  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

1755 W. BROADWAY ST, SUITE 4  
OVIEDO, FL 32765 US

**Current Mailing Address:**

PO BOX 780846  
ORLANDO, FL 32878 US

**New Mailing Address:**

**FEI Number:** 26-1886413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESKANDARI, MOHAMMAD M  
1755 W. BROADWAY, SUITE 4  
OVIEDO, FL 32765 US

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

ESKANDARI, MOHAMMAD M  
1755 W. BROADWAY ST., SUITE 4  
OVIEDO, FL 32765 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:

03/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ESKANDARI, MOHAMMAD M MD  
Address: 1755 W. BROADWAY ST, SUITE 4  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM  
Name: MOULAVI, AMANEH S  
Address: 1755 W. BROADWAY ST, SUITE 4  
City-St-Zip: OVIEDO, FL 32765 US

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: ESKANDARI

MGRM

03/11/2010

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