

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012002

FILED
Feb 25, 2009
Secretary of State

Entity Name: ENVISIONEIGHT, LLC

Current Principal Place of Business:

5561 N. UNIVERSITY DR., SUITE 103
CORAL GABLES, FL 330674652

New Principal Place of Business:

Current Mailing Address:

5561 N. UNIVERSITY DR., SUITE 103
CORAL GABLES, FL 330674652

New Mailing Address:

FEI Number: 26-1904236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BKM FLORIDA AGENT CORP.
2866 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 333061814 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 () Delete
Name: BUDIN, ALEX
Address: 240 SENLAC HILLS DR.
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: MGRM () Delete
Name: KENNEDY, MICHAEL
Address: 716 RIDERS WAY
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: MGRM () Delete
Name: LYNCH, PATRICK
Address: 4915 COURTNEY RIDGE LANE, APT. 321
City-St-Zip: CHARLOTTE, NC 28217

Title: MGRM () Delete
Name: KUENZIG, STEPHEN
Address: 640 S. SAPODILLA AVE., #209
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: MCGIBONY, WILLIAM
Address: 42 WOLFEN DR.
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: MGRM () Delete
Name: MILLER, JEFFREY
Address: 170 CLEVELAND ST.
City-St-Zip: CHAGRIN FALLS, OH 44022

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: JEFFREY MILLER

MR.

02/25/2009

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