

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069292

FILED  
Sep 23, 2009  
Secretary of State

Entity Name: FOUR VISIONZ, LLC

**Current Principal Place of Business:**

5619 NW 113TH CT  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

5619 NW 113TH CT  
DORAL, FL 33178 US

**New Mailing Address:**

FEI Number: 26-4229781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

JORDAN, FRANCE-MARIE  
5619 NW 113TH CT  
DORAL, FL 33178 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JORDAN, SHELDON S  
Address: 5619 NW 113TH CT  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM ( ) Delete  
Name: ROMEO, MCKENLEY  
Address: 6881 SW 5TH ST  
City-St-Zip: PEMBROKE PINES, FL 33023 US

Title: MGRM ( ) Delete  
Name: ROBERTS, LEONARD C JR  
Address: 681 NE 172ND TER  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGRM ( ) Delete  
Name: JORDAN, FRANCE-MARIE  
Address: 5619 NW 113TH CT  
City-St-Zip: DORAL, FL 33178 US

**ADDITIONS/CHANGES:**

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

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

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: SHELDON S JORDAN

MGRM

09/23/2009

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