

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000086283

FILED
Sep 30, 2009
Secretary of State**Entity Name:** VISION 1, LLC**Current Principal Place of Business:**3264 GREENWALD WAY N
KISSIMMEE, FL 34741**New Principal Place of Business:**3264 N GREENWALD WAY
KISSIMMEE, FL 34741**Current Mailing Address:**3264 GREENWALD WAY N
KISSIMMEE, FL 34741**New Mailing Address:**3264 N GREENWALD WAY
KISSIMMEE, FL 34741**FEI Number:** 26-3340791**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ACKLEY, RAJIA
3264 GREENWALD WAY N.
KISSIMMEE, FL 34741 US**Name and Address of New Registered Agent:**ACKLEY, RAJIA N
3264 N GREENWALD WAY
KISSIMMEE, FL 34741 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: RAJIA N ACKLEY

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: ACKLEY, RAJIA
Address: 3264 GREENWALD WAY N.
City-St-Zip: KISSIMMEE, FL 34741 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: ACKLEY, RAJIA N
Address: 3264 N GREENWALD WAY
City-St-Zip: KISSIMMEE, FL 34741**Title:** MGRM () Change (X) Addition
Name: ACKLEY, NATHAN J
Address: 3264 N GREENWALD WAY
City-St-Zip: KISSIMMEE, FL 34741

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: RAJIA N ACKLEY

MGRM

09/30/2009

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