

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089896

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** VISUAL COMMUNICATIONS EXPERTS OF PINELLAS, LLC

**Current Principal Place of Business:**

18816 WIMBLEDON CIR  
LUTZ, FL 33558

**New Principal Place of Business:**

12350 BELCHER ROAD SOUTH  
BLDG 14A  
LARGO, FL 33773

**Current Mailing Address:**

18816 WIMBLEDON CIR  
LUTZ, FL 33558

**New Mailing Address:**

12350 BELCHER ROAD SOUTH  
BLDG 14A  
LARGO, FL 33773

**FEI Number:** 26-3562985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: LIBERY EQUITY HOLDIN, GS LLC  
Address: 18816 WIMBLEDON CIR  
City-St-Zip: LUTZ, FL 33558

Title: MGR ( ) Delete  
Name: STRAUSSER, ALBERT  
Address: 18816 WIMBLEDON CIR  
City-St-Zip: LUTZ, FL 33558

**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: ALBERT STRAUSSER

MGR

02/20/2009

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