## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000102003

Entity Name: BILLIONAIREVIZION, LLC

FILED Aug 24, 2009 Secretary of State

() Change () Addition

**Current Principal Place of Business: New Principal Place of Business:** 

**Current Mailing Address: New Mailing Address:** 

US

107 ROSEWOOD LN GREENACRES, FL 33463 US

FEI Number: 26-3637813 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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:

FLORESTAL, PHILIPPE 107 ROSEWOOD LN

107 ROSEWOOD LN GREENACRES, FL 33463

GREENACRES, FL 33463 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: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

FLORESTAL, PHILIPPE Name: Name: 107 ROSEWOOD LN Address: Address: City-St-Zip: GREENACRES, FL 33463 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: CHARLES, SENEX Name: Address: 705 SOUTH E STREET Address: City-St-Zip: LAKE WORTH, FL 33460 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

MENTOR, MARC A Name: Name: Address: 4985 PINE KNOTT LANE Address: City-St-Zip: WEST PLAM BEACH, FL 33417 US City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: MENTOR, BONY Name: MENTOR, RONY

Address: 3229 TURTLE COYE Address: 3229 TURTLE COYE

City-St-Zip: WEST PALM BEACH, FL 37411 US City-St-Zip: WEST PALM BEACH, FL 37411 US

Title: MGRM ( ) Delete Title: MENTOR, MAKENDY Name: Name: 1005 MANOR DR Address: Address: City-St-Zip: PALM SPRINGS, FL 33461 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: PHILIPPE FLORESTAL **MGRM** 08/24/2009