

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073884

Entity Name: GLOSS VISUAL LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

49 N ORANGE AVE  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540553  
ORLANDO, FL 32854 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

FULLMORE, KAREN LEIGH  
145 N MAGNOLIA AVE  
ORLANDO, FL 32801 US

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

FULFORD, TRAVIS W ESQUIRE  
505 MAITLAND AVE  
STE 1000  
ALTAMONTE SPRINGS, FL 32701 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: TRAVIS W. FULFORD

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FULLMORE, KAREN LEIGH  
Address: PO BOX 540553  
City-St-Zip: ORLANDO, FL 32854

I hereby 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: KAREN LEIGH FULLMORE

MGRM

04/27/2010

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