

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101576

**Entity Name:** HAND OF PREVISION, LLC

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8637 PISA DR APT# 10211  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 941274  
MAITLAND, FL 32794 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:**

RIVERA, MONICA  
8637 PISA DR  
10211  
ORLANDO, FL 32810 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: MGRM  
Name: RIVERA, MONICA  
Address: P.O.BOX 941274  
City-St-Zip: MAITLAND, FL 32794 US

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: MONICA RIVERA

MGRM

01/14/2012

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