2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000751

1. Entity Name
VISIONS III, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:11

Principal Place of Business	Mailing Address
190 SOUTH SYKES CREEK PARKWAY. SUITE 4 MERRITT ISLAND FL 32952	190 SOUTH SYKES CREEK PARKWAY. SUITE 4 MERRITT ISLAND FL 32952-3512

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3566449 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAICH, MICHAEL G 190 SOUTH SYKES CREEK PARKWAY, SUITE 4 MERRITT ISLAND FL 32952	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAICH, MICHAEL G 190 SOUTH SYKES CREEK PARKWAY, SUITE 4 MERRITT ISLAND FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: MICHAEL G GAICH — 1-27-20 — 321-453-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #