

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004631

1. Entity Name

VISION BUILDING SOLUTIONS, L.L.C.

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90015 029 ****50.00

0001824

Principal Place of Business
3500 MAGELLAN CIRCLE . SUITE 715
AVENTURA FL 33180

Mailing Address
3500 MAGELLAN CIRCLE . SUITE 715
AVENTURA FL 33180

2. Principal Place of Business
18109 HERON WALK DRIVE

3. Mailing Address
← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
← SAME

4. FEI Number 65-0937322

Applied For

Not Applicable

Zip Country
33647 Hillsborough

Zip Country

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

BERCOON, MARC E
3500 MAGELLAN CIRCLE, SUITE 715
AVENTURA FL 33180

Name
ROBERT BRETT

Street Address (P.O. Box Number is Not Acceptable)

18109 HERON WALK DRIVE

City TAMPA

FL

Zip Code 33647

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert D. Brett

Robert D. Brett

7/13/02

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME BERCOON, MARC ☒ Delete
STREET ADDRESS 3500 MAGELLAN CIR #715
CITY-ST-ZIP AVENTURA FL 33180

TITLE MGR M
NAME BOB BRETT ☒ Change ☐ Addition
STREET ADDRESS 18109 HERON WALK DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Robert D. Brett

Robert D. Brett

7/13/02

813-994-1866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)