

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90038 007 ****50.00

DOCUMENT # M03000003913

1. Entity Name

VISINITY, LLC



Principal Place of Business

2626 WEST LAKE ST.
MINNEAPOLIS MN 55416

Mailing Address

C/O TAX DEPT
2400 YORKMONT RD
CHARLOTTE NC 28217



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

41-1693741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	T	<input type="checkbox"/> Delete
NAME	ZAUF, GAUF Z	
STREET ADDRESS	2400 YORKMOONT RD.	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MARK L	
STREET ADDRESS	2626 WEST LAKE ST.	
CITY-ST-ZIP	MINNEAPOLIS MN 55416	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONDROF, THOMAS	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSSITCH, RICHARD J	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	AS	<input type="checkbox"/> Delete
NAME	THARRINGTON, NICOLE	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WELLS, C.PHILLIP	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony P. McDonald	
STREET ADDRESS	2400 Yorkmont Road	
CITY-ST-ZIP	Charlotte NC 28217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

RICHARD J. ROSSITCH
ASSISTANT SECRETARY

SIGNATURE:

[Signature]

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

4.4.06

704-338-7708

Date

Daytime Phone #