

M19 000002870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

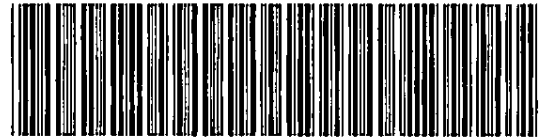
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC -1 PM 1:04
ALL INFORMATION
STATE

DEC 1 - 2022
S. PRATHE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNVISION FL LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZOHAR SCHARZBERG

Name of Person

SUNVISION FL LLC

Firm/Company

3325 HOLLYWOOD BLVD., STE206

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

zack@sunvisiondirect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA KALYANOVA at (305) 931 9212
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2022

SUNVISION FL LLC
ZOHAR SCHARZBERG
3325 HOLLYWOOD BLVD., STE 206
HOLLYWOOD, FL 33021 US

SUBJECT: SUNVISION FL LLC
Ref. Number: M19000002870

We have received your document for SUNVISION FL LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 222A00013998

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SERGEY NISMAN	3125 JOHN P CURCI DRIVE, UNIT 6	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Zohar Scharzberg

Signature of the authorized representative

AMBR. ZOHAR SCHARZBERG

Typed or printed name of signee

Filing Fee: \$25.00

2022 DEC -1 PM 1:04
STATE OF FLORIDA