

M19 0000002870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

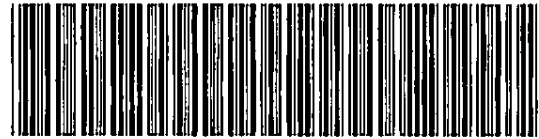
(Document Number)

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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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

Zack Scharzberg  
Signature of the authorized representative

AMBR. ZOHAR SCHARZBERG

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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HALLANDALE, FLORIDA