

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131693

**Entity Name:** VIZION CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

211 RAVENSHILL WAY  
DELAND, FL 32724

**Current Mailing Address:**

PO BOX 1989  
DELAND, FL 32721

**FEI Number:** 45-3838649

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANTONSEN, VIDAR  
211 RAVENSHILL WAY  
DELAND, FL 32724 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	ANTONSEN, VIDAR	Name	HAGEN, NILS P
Address	PO BOX 1989	Address	PO BOX 1989
City-State-Zip:	DELAND FL 32721	City-State-Zip:	DELAND FL 32721

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIDAR ANTONSEN

MGR

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date