

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000063044

Entity Name: VISOR LLC**Current Principal Place of Business:**1830 RADIUS DRIVE
APT 610
HOLLYWOOD, FL 33020**Current Mailing Address:**C/O GUSTAVO SOTO-ROSA
300 SUMMER STREET 48
BOSTON, MA 02210 US**FEI Number:** 45-5256369**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MF COMPANY LLC
8010 NE 10 AVENUE
MIAMI, FL 33138 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 MGRM
Name SOTO ROSA, GUSTAVO J
Address C/O GUSTAVO SOTO-ROSA
300 SUMMER STREET 48
City-State-Zip: BOSTON MA 02210

Title MGRM
Name SOTO ROSA D, NORA E
Address C/O GUSTAVO SOTO-ROSA
300 SUMMER STREET 48
City-State-Zip: BOSTON MA 02210

Title MGRM
Name VILLORIA SOTO ROSA, GUILLERMO A
Address C/O GUSTAVO SOTO-ROSA
300 SUMMER STREET 48
City-State-Zip: BOSTON MA 02210

Title MGRM
Name VILLORIA SOTO ROSA, VALENTINA E
Address C/O GUSTAVO SOTO-ROSA
300 SUMMER STREET 48
City-State-Zip: BOSTON MA 02210

Title MGRM
Name VILLORIA SOTO ROSA, GABRIEL J
Address C/O GUSTAVO SOTO-ROSA
300 SUMMER STREET 48
City-State-Zip: BOSTON MA 02210

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: SOTO ROSA , GUSTAVO J**MANAGER****03/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date