

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000282093

**Entity Name:** NEW VISION FUND LLC

**Current Principal Place of Business:**

5869 PINE TREE DR  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5080 BISCAYNE BLVD  
UNIT A  
MIAMI, FL 33137 US

**FEI Number:** 84-4548096

**Certificate of Status Desired:** No

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

LLERA, KAREN  
5080 BISCAYNE BLVD.  
SUITE A  
MIAMI, FL 33137 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  
Name SIMKINS, NICOLE  
Address 5869 PINE TREE DR  
City-State-Zip: MIAMI BEACH FL 33140

*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:** NICOLE SIMKINS

**MANAGER**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date