

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000214666

**Entity Name:** CM VISION LLC

**Current Principal Place of Business:**

11301 S DIXIE HWY #565102  
MIAMI, FL 33256

**Current Mailing Address:**

PO BOX 565102  
MIAMI, FL 33256 US

**FEI Number:** 85-2209838

**Certificate of Status Desired:** No

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

RODRIGUEZ, MANUEL R  
11301 S DIXIE HWY #565102  
MIAMI, FL 33256 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	AMBR	Title	AMBR
Name	RODRIGUEZ, MANUEL R	Name	CASMARTINO, CLAUDIA
Address	PO BOX 565102	Address	PO BOX 565102
City-State-Zip:	MIAMI FL 33256	City-State-Zip:	MIAMI FL 33256

*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:** CLAUDIA CASMARTINO

AMBR

05/01/2023

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

\_\_\_\_\_  
Date