

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000476169

**Entity Name:** TELL A VISION LLC

**Current Principal Place of Business:**

11761 KINGFISHER LN E  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

PSC 400 BOX 8255  
APO, AP 96273 US

**FEI Number:** 93-4435267

**Certificate of Status Desired:** Yes

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

FEARS, FREDDIE E II  
11761 KINGFISHER LN E  
JACKSONVILLE, FL 32218 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 CEO  
Name FEARS, FREDDIE EUGENE II  
Address 11761 KINGFISHER LN E  
City-State-Zip: JACKSONVILLE FL 32218

*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:** FREDDIE E. FEARS II

CEO

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date