

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90213 045 ****55.00

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DOCUMENT # L01000013645

1. Entity Name

OPTONETIC LLC



Principal Place of Business

**2112 WEST CENTRAL BOULEVARD
ORLANDO FL 32805**

Mailing Address

**14269 DELJEAN CIRCLE
ORLANDO FL 32828**

2. Principal Place of Business

6901 TPC DRIVE, SUITE 420

Suite, Apt. #, etc.

3. Mailing Address

6901 TPC DRIVE

Suite, Apt. #, etc.

SUITE 420

City & State

ORLANDO FLORIDA

City & State

ORLANDO FL

Zip

32822

Country

USA

Zip

32822

Country

USA

4. FEI Number

59-3738966

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRD** ☐ Delete
NAME **LE, TAM**
STREET ADDRESS **14269 DELJEAN CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **MGRM** ☐ Delete
NAME **KIM, JOSEPH**
STREET ADDRESS **411 FOREST ISLAND DR**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4111**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: **THOMAS R. RETAMIZO, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/7/03 407.857.4410
Date Daytime Phone #

CR2E083 (10/02)