

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120616

FILED
May 15, 2008
Secretary of State

Entity Name: PRECISION EYE CARE LAB LLC

Current Principal Place of Business:

2427 CENTER GATE DR
APT 201
MIRAMAR, FL 33025 US

New Principal Place of Business:

2314 W 80 STREET
BAY 4
HIALEAH, FL 33016 US

Current Mailing Address:

2427 CENTER GATE DR
APT 201
MIRAMAR, FL 33025 US

New Mailing Address:

2314 W 80 STREET
BAY 4
HIALEAH, FL 33016 US

FEI Number: 26-1511800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMADRID, ALEXIS
8320 W. SUNRISE BLVD
STE 202
PLANTATION, FL 33322 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CABALLERO, JESUS D
Address: 2427 CENTER GATE DR, APT 201
City-St-Zip: MIRAMAR, FL 33025 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: ACEVEDO, JONATHAN
Address: 1615 SW 116 AVE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JONATHAN ACEVEDO

MGR

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date