

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120616

FILED
Apr 26, 2011
Secretary of State

Entity Name: PRECISION EYE CARE LAB LLC

Current Principal Place of Business:

2314 W 80 STREET
BAY 4
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2314 W 80 STREET
BAY 4
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 26-1511800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMADRID FINANCIAL SERVICES CORP
8320 W. SUNRISE BLVD
STE 202
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

LAMADRID FINANCIAL SERVICES CORP
300 S PINE ISLAND RD
STE 223
PLANTATION, FL 33324 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

04/26/2011

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CABALLERO, JESUS D
Address: 756 NW 170 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR
Name: ACEVEDO, JONATHAN
Address: 15525 NW 5TH TERRA
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR
Name: DECSA LLC
Address: 2314 W 8 STREET BAY 4
City-St-Zip: HIALEAH, FL 33016 US

Title: MGRM
Name: VALLES, LUIS M
Address: 756 NW 170 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby 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: LUIS MIGUEL VALLES

MGRM

04/26/2011

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