

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000045443

FILED
Oct 19, 2004
Secretary of State

Entity Name: COLE OPTICS, LLC

Current Principal Place of Business:

621 SW BAYA DRIVE, STE. 101
LAKE CITY, FL 32025

New Principal Place of Business:

621 SW BAYA DRIVE,
SUITE 101
LAKE CITY, FL 32025

Current Mailing Address:

621 SW BAYA DRIVE, STE. 101
LAKE CITY, FL 32025

New Mailing Address:

621 SW BAYA DRIVE,
SUITE 101
LAKE CITY, FL 32025

FEI Number: 20-0429081 **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:

HALEY, WILLIAM J
116 NW COLUMBIA AVENUE
LAKE CITY, FL 32056 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: COLE, SHERRI A OPTICIA
Address: 241 SE OAK AVE
City-St-Zip: LAKE CITY, FL 32025

Title: MGR () Change (X) Addition
Name: COLE, REAVES C OD
Address: 241 SE OAK AVE
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRI A COLE

MGR

10/19/2004

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