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.

MANAGER

SIGNATURE: PATRICIA HOYT

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGRM
Name	HOYT, PATRICIA E
Address	15363 SW 32ND TER

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033295

Entity Name: FORZZI OPTICAL GROUP, LLC

Current Principal Place of Business:

8491 NW 17TH ST 111 MIAMI, FL 33126

Current Mailing Address:

15363 SW 32 ND TER MIAMI, FL 33185 US

FEI Number: 26-2313112

Name and Address of Current Registered Agent:

HOYT, PATRICIA E 15363 SW 32ND TER #12 MIAMI, FL 33185 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

Authorized Person(s) Detail :

City-State-Zip: MIAMI FL 33185

Secretary of State CC7087870214

FILED Apr 28, 2014

Certificate of Status Desired: No

Date

04/28/2014 Date