

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080016

**Entity Name:** LASER EYE TRUST, LLC**Current Principal Place of Business:**12920 DUPONT CIRCLE  
TAMPA, FL 33626**Current Mailing Address:**12920 DUPONT CIRCLE  
TAMPA, FL 33626**FEI Number:** 45-2797225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'DONNELL, SEAN  
10115 DOWNEY LANE  
TAMPA, FL 33626 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

**Authorized Person(s) Detail :**

|                 |                   |
|-----------------|-------------------|
| Title           | MGRM              |
| Name            | O'DONNELL, SEAN   |
| Address         | 10115 DOWNEY LANE |
| City-State-Zip: | TAMPA FL 33626    |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGRM                    |
| Name            | BRUNO, DANIELLE         |
| Address         | 11816 13TH WAY NORTH    |
| City-State-Zip: | ST. PETERSBURG FL 33716 |

|                 |                          |
|-----------------|--------------------------|
| Title           | MGRM                     |
| Name            | COLARULO, JOSEPH         |
| Address         | 1137 119TH TERRACE NORTH |
| City-State-Zip: | ST. PETERSBURG FL 33716  |

|                 |                        |
|-----------------|------------------------|
| Title           | MGRM                   |
| Name            | PAUL, TAYRA A          |
| Address         | 10321 ABBOTSFORD DRIVE |
| City-State-Zip: | TAMPA FL 33626         |

*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.*

**SIGNATURE:** SEAN O'DONNELL

MGRM

01/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date