

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000028331

**Entity Name:** MYOPTICAL US LLC

**Current Principal Place of Business:**

3857 ACLINE RD, UNIT 106  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

3857 ACLINE RD, UNIT 106  
PUNTA GORDA, FL 33950 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPL INCOME TAX CORP  
6006 RADIO RD  
NAPLES, FL 34104 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 BERTOLUZZI, LUCIO  
Address 1940 AQUI ESTA DR  
City-State-Zip: PUNTA GORDA FL 33950

Title MGRM  
Name MIOTTI, ANDREA  
Address 1940 AQUI ESTA DR  
City-State-Zip: PUNTA GORDA FL 33950

*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:** LUCIO BERTOLUZZI

MGRM

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date