

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000076180

**Entity Name:** XRAY VISION SUNGLASSES LLC

**Current Principal Place of Business:**

1080 99TH ST #211  
BAY HARBOR ISLAND, FL 33154

**Current Mailing Address:**

1080 99TH ST #211  
BAY HARBOR ISLAND, FL 33154 US

**FEI Number:** 30-0787659

**Certificate of Status Desired:** No

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

STERN, JOSEPH  
1080 99TH ST #211  
BAY HARBOR ISLAND, FL 33154 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 STERN, JOSEPH  
Address 1080 99TH ST #211  
City-State-Zip: BAY HARBOR ISLAND FL 33154

*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:** JOSEPH STERN

MGRM

01/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date