


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90153 026 \*\*\*\*50.00

<b>DOCUMENT # L00000016298</b>	
1. Entity Name <b>PIZZARELLO EYE CARE, L.L.C.</b>	

Principal Place of Business <b>WALMART VISION CENTER 1675 NW ST. LUCIE WEST BLVD. PORT SAINT LUCIE FL 34986</b>	Mailing Address <b>PIZZARELLO EYE CARE, L.L.C. 692 ESSEX DR. PORT SAINT LUCIE FL 34984</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>PIZZARELLO EYECARE, LLC</b> Suite, Apt. #, etc. <b>183 magnolia Lakes Blvd.</b> City & State <b>Port St. Lucie, FL</b> Zip <b>34986</b>
Country	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>GALLESE, WILLIAM F ESQ. 8000 S FEDERAL HWY., STE. 301 PORT ST. LUCIE FL 34952</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PIZZARELLO, CARL O.D. 692 ESSEX DR. PORT SAINT LUCIE FL 34984</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PIZZARELLO, CARL O.D. 183 magnolia Lakes Blvd. Port St. Lucie, FL 34986</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Carl Pizzarello*

01-28-05

(772) 985 8182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #