


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000016298	
1. Entity Name PIZZARELLO EYE CARE, L.L.C.	

Principal Place of Business WALMART VISION CENTER 1375 NW ST. LUCIE WEST BLVD. PORT SAINT LUCIE FL 34986	Mailing Address PIZZARELLO EYE CARE, L.L.C. 183 MAGNOLIA LAKES BLVD PORT SAINT LUCIE FL 34986
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 65-1088865	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GALLESE, WILLIAM F ESQ. 8000 S FEDERAL HWY., STE. 301 PORT ST. LUCIE FL 34952
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7. Name and Address of New Registered Agent	
Name	
Street Address (P O Box Number is Not Acceptable)	
City	
FL	Zip Code

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstalling)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

1111000414516
02/11/06-80041-006 50.00

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIZZARELLO, CARL O.D.			NAME			
STREET ADDRESS	183 MAGNOLIA LAKES BLVD			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 01-25-06 (772) 785-8182