

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000016298

1. Entity Name

PIZZARELLO EYE CARE, L.L.C.



Principal Place of Business

WALMART VISION CENTER
1675 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1088865

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLESE, WILLIAM F ESQ.
8000 S FEDERAL HWY., STE. 301
PORT ST. LUCIE FL 34952

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM Delete
NAME: PIZZARELLO, CARL O.D.
STREET ADDRESS: 183 MAGNOLIA LAKES BLVD
CITY-STATE-ZIP: PORT SAINT LUCIE FL 34986

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
U00000595501
01/23/07-80043-003 50.00

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-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*

01-19-07

772-785-8182

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

Date

Daytime Phone #