

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016298

FILED
Jan 06, 2009
Secretary of State

Entity Name: PIZZARELLO EYE CARE, L.L.C.

Current Principal Place of Business:

WALMART VISION CENTER
1675 NW ST. LUCIE WEST BLVD.
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PIZZARELLO EYE CARE, L.L.C.
183 MAGNOLIA LAKES BLVD
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-1088865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIZZARELLO, CARL O.D.
Address: 183 MAGNOLIA LAKES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CARL PIZZARELLO, O.D. MGRM 01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date