

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008386

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** GAINESVILLE OPTICIANS II, LLC

**Current Principal Place of Business:**

2015 N.W. 43RD STREET  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

2015 N.W. 43RD STREET  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 59-3726768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DURRANCE, KIMBERLY A  
2015 N.W. 43RD STREET  
GAINESVILLE, FL 32605 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: MGR  
Name: DURRANCE, KIMBERLY  
Address: 2016 NW 27TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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: KIMBERLY A. DURRANCE

OWNE

03/18/2011

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