

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000008386

**FILED**  
**Sep 15, 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:**

4220 NW 16TH BLVD  
GAINESVILLE, FL 32605

**Current Mailing Address:**

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

**New Mailing Address:**

4220 NW 16TH BLVD  
GAINESVILLE, FL 32605

**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:**

DURRANCE, KIMBERLY A  
4220 NW 16TH BLVD  
GAINESVILLE, FL 32605 US

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

09/15/2011

\_\_\_\_\_  
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 DURRANCE

MRS.

09/15/2011

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