

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012209

FILED  
Mar 03, 2008  
Secretary of State

**Entity Name:** PRADO VISION LASIK CENTER, L.L.C.

**Current Principal Place of Business:**

7522 N HIMES AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

7522 N HIMES AVE  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 59-3749353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBBINS, R. JAMES JR.  
101 EAST REMEDY BLVD., STE 3700  
TAMPA, FL 33602 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: PRADO, ANTONIO  
Address: 7522 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

Title: MGRM ( ) Delete  
Name: PRADO, LYNNE  
Address: 7522 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

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

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: ANTONIO PRADO

MGRM

03/03/2008

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