2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# L01000019160

Entity Name: ALLIED EYECARE, LLC

Current Principal Place of Business:

13575 58TH ST N
144
CLEARWATER, FL 33760

New Principal Place of Business:

13575 58TH ST N
2020
CLEARWATER, FL 33760

Current Mailing Address:

13575 58TH ST N
144
CLEARWATER, FL 33760

New Mailing Address:

13575 58TH ST N
2020
CLEARWATER, FL 33760

FEI Number: 59-3744453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, HARVEY A P.A.
2552 FIRST AVE N
SAINT PETERSBURG, FL 33713 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/MEMBERS:

Title: MGRM ( ) Delete
Name: SANCHEZ, RUCHARD L
Address: 13575 56TH ST N STE 144
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM ( ) Delete
Name: SAUEN, LINDA
Address: 13575 56TH ST N STE 144
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANCHEZ, RUCHARD L
Address: 13575 56TH ST N STE 2020
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM (X) Change ( ) Addition
Name: SAUER, LINDA
Address: 13575 56TH ST N STE 2020
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD L. SANCHEZ MR 04/01/2004

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