

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019160

Entity Name: ALLIED EYECARE, LLC

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

13575 58TH ST N
2020
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

13575 58TH ST N
2020
CLEARWATER, FL 33760

New Mailing Address:

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.
C/O FORD & FORD, P.A.
2552 FIRST AVENUE NORTH
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/MANAGERS:

Title: MGRM () Delete
Name: SANCHEZ HOLDINGS, IN, C.
Address: 13575 58TH ST N STE 2020
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM () Delete
Name: PRICE, JOSEPH V MR
Address: 13575 58TH STREET N, SUITE 2020
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM () Delete
Name: SANCHEZ, RICHARD L MR
Address: 13575 58TH STREET N, SUITE 2020
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES:

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

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 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: JOELLEN WOOTEN

MS.

03/20/2006

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