

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019160

Entity Name: ALLIED EYECARE, LLC

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19321-C US HIGHWAY 19 N  
SUITE 320  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

19321-C US HIGHWAY 19 N  
SUITE 320  
CLEARWATER, FL 33764

**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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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  
Name: ADVANTICA BENEFITS, INC.  
Address: 12399 GRAVOIS RD.  
City-St-Zip: ST. LOUIS, MO 63127

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: SHELDON COHEN PRESIDENT ADVANTICA BENEFITS MGRM 02/15/2012

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