

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012002

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** V EYE P EYEWEAR & OPTICAL, LLC

**Current Principal Place of Business:**

8940 N KENDALL DR  
STE 703E  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 566120  
PINECREST, FL 33256

**New Mailing Address:**

**FEI Number:** 30-0077621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, ALFRED H MD  
12395 SW 68TH AVE  
PANCREST, FL 33156 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:** MGR ( ) Delete  
**Name:** RIVERA, ALFRED H  
**Address:** P.O. BOX 566120  
**City-St-Zip:** PINECREST, FL 33256

**ADDITIONS/CHANGES:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** RIVERA, ALFRED H  
**Address:** P.O. BOX 566120  
**City-St-Zip:** PINECREST, FL 33256

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:** ALFRED H RIVERA MD

PRES

04/28/2006

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