2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 15, 2003 8:00 am
Secretary of State
03-24-2003 90685 008 ****50.00

55025794

DOCUMENT # L02000012002

1. Entity Name
V EYE P EYEWEAR & OPTICAL, LLC

Principal Place of Business	Mailing Address
12395 SW 68TH AVE. PINECREST FL 33156	P.O. BOX 566120 PINECREST FL 33256

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8940 N. Kendall Drive	SAME
Suite, Apt. #, etc.: Suite 703E	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State
Zip: 33176 Country: USA	Zip Country

4. FEI Number: 30-0077621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR. CLEARWATER FL 33761	Name: ALFRED H. RIVERA, MD Street Address (P.O. Box Number is Not Acceptable): 12395 SW 68th AVENUE City: Pinecrest FL Zip Code: 33156

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 3/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ RIVERA, ALFRED H P.O. BOX 566120 PINECREST FL 33256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/MANAGER	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: X [signature] 3/20/03 (305) 666-2365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #