

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90065 046 ****50.00

DOCUMENT # L02000015333

1. Entity Name

LENS RX, LLC



Principal Place of Business

2500 EAST HALLANDALE BEACH BLVD., SUITE N
HALLANDALE, FL 33009

Mailing Address

2500 EAST HALLANDALE BEACH BLVD., SUITE N
HALLANDALE, FL 33009

2. Principal Place of Business

20855 N.E. 16th AVE

3. Mailing Address

same

Suite, Apt. #, etc.

Unit C-15

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

Zip

33179

Country

US

Zip

Country

4. FEI Number

13-4203519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **MENNY GILA**

Street Address (P.O. Box Number is Not Acceptable)

5309 BANYAN LN

City **TAMARAC**

FL

Zip Code

33179

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

MENNY GILA

7/24/03

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **YALON, MOSHE DR.**
STREET ADDRESS **2500 EAST HALLANDALE BEACH BLVD., SUITE N**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **MGR** ☐ Delete
NAME **SHARON, EZRA**
STREET ADDRESS **3917 N.E. 167TH STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **MGR** ☐ Delete
NAME **GILLA, MANNY**
STREET ADDRESS **5309 BANYAN LANE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

7/24/03 305-651-6399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)