

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000016688**

1. Entity Name  
**MANATEE FAMILY EYECARE II, LLC**



Principal Place of Business

**319 7TH STREET WEST  
PALMETTO, FL 34221**

Mailing Address

**319 7TH STREET WEST  
PALMETTO, FL 34221**



02172005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0307391**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PAQUIN, WARREN A JR.  
319 7TH STREET WEST  
PALMETTO, FL 34221**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE

**MGR**

NAME

**WOOD, WAYNE R JR**

STREET ADDRESS

**319 7TH STREET WEST**

CITY - ST - ZIP

**PALMETTO, FL 34221**

TITLE

**MGR**

NAME

**PAQUIN, WARREN A JR**

STREET ADDRESS

**319 7TH STREET WEST**

CITY - ST - ZIP

**PALMETTO, FL 34221**

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IN THIS SPACE**

1100000269721  
03/19/05-80023-001 50.00

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

**WAYNE R. WOOD**

**3/14/05**

Daytime Phone #

**941 789 5576**