

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016688

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** MANATEE FAMILY EYECARE II, LLC

**Current Principal Place of Business:**

319 7TH STREET WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

319 7TH STREET WEST  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 65-0307391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAQUIN, WARREN A JR.  
319 7TH STREET WEST  
PALMETTO, FL 34221 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  
**Name:** WOOD, WAYNE R JR  
**Address:** 319 7TH STREET WEST  
**City-St-Zip:** PALMETTO, FL 34221 US

**Title:** MGR  
**Name:** PAQUIN, WARREN A JR  
**Address:** 319 7TH STREET WEST  
**City-St-Zip:** PALMETTO, FL 34221 US

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:** WOOD, WAYNE R. JR.

MGR

04/05/2012

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