2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000018582

1. Entity Name
AMERICAN OPTICAL, LLC

Principal Place of Business	Mailing Address
921 NORTH MAIN STREET KISSIMMEE, FL 34744	921 NORTH MAIN STREET KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

04232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
31-1820917	Not Applicable

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

6. Name and Address of Current Registered Agent

CARTWRIGHT, MONT JAY
921 NORTH MAIN STREET
KISSIMMEE, FL 34744

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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, 2007

U00000738248
05/11/07-80061-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CARTWRIGHT, MONT J
STREET ADDRESS	921 N MAIN STREET
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Mont J. Cartwright-MD_   _4/23/07_   _407 933 7800_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #