

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019919

Entity Name: EASTON EYE CARE, LLC.

FILED  
Apr 17, 2008  
Secretary of State

**Current Principal Place of Business:**

1560 EAST OAKLAND PARK BLVD.  
OAKLAND PARK, FL 333344425 US

**New Principal Place of Business:**

**Current Mailing Address:**

1560 EAST OAKLAND PARK BLVD.  
OAKLAND PARK, FL 333344425 US

**New Mailing Address:**

FEI Number: 65-1191742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, WALTER L ESQ.  
633 SOUTH FEDERAL HIGHWAY #400A  
FT. LAUDERDALE, FL 33301 US

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

MORGAN, WALTER L ESQ.  
633 SOUTH FEDERAL HIGHWAY  
400A  
FT. LAUDERDALE, FL 33301 US

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:

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EASTON, ROBERT M JR.  
Address: 1560 EAST OAKLAND PARK BLVD.  
City-St-Zip: OAKLAND PARK, FL 333344425 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT M EASTON JR

PRES

04/17/2008

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