

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90221 011 \*\*\*\*50.00

DOCUMENT # L03000039443

1. Entity Name  
LUANI PLAZA OPTICAL, LLC



Principal Place of Business  
2924 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040

Mailing Address  
2924 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040

64052670



2. Principal Place of Business  
1444 Kennedy Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
817 Simonton St.  
Suite, Apt. #, etc.

03242004 Chg-LLC CR2E083 (10/03)

City & State  
Key West FL  
Zip 33040 Country US

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Key West FL  
Zip 33040 Country US

4. FEI Number  
20 0302543  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROGER, OTTO  
2924 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040

## 7. Name and Address of New Registered Agent

Name  
Roger A. Otto  
Street Address (P.O. Box Number is Not Acceptable)  
817 Simonton Street  
City Key West FL Zip Code 33040

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]* Roger A. Otto MGRM 3/29/04  
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, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER A. OTTO, O.D., P.A.		NAME	ROGER A. OTTO O.D. PA	
STREET ADDRESS	2924 N. ROOSEVELT BLVD.		STREET ADDRESS	817 Simonton St	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West FL 33040	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	John Sheldon, O.D.	
STREET ADDRESS			STREET ADDRESS	817 Simonton St	
CITY-ST-ZIP			CITY-ST-ZIP	Key West FL 33040	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* MGRM 3/29/04 3052949711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #