


FILED
Apr 03, 2008 8:00 am
Secretary of State

60019259

DOCUMENT # L03000039443

1. Entity Name
LUANI PLAZA OPTICAL, P.L.



04-03-2008 90070 021 ***138.75


Principal Place of Business
1444 KENNEDY DR.
KEY WEST, FL 33040

Mailing Address
817 SIMONTON STREET
KEY WEST, FL 33040

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
1444 Kennedy DR
Suite, Apt. #, etc.
City & State
Key West FL
Zip
33040
Country
US

60019259



03302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0302543
Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent
OTTO, ROGER
817 SIMONTON STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1444 Kennedy DR
City
FL
Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ROGER A. OTTO, O.D., P.A.
817 SIMONTON STREET
KEY WEST, FL 33040

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
OTTO, CORY
817 SIMONTON STREET
KEY WEST, FL 33040

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1444 Kennedy Drive

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1444 Kennedy Drive

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: [Signature] 3/28/08 3052949711

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