

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046581

FILED
Feb 15, 2007
Secretary of State

Entity Name: AMERICAN VISION SERVICES, LLC

Current Principal Place of Business:

3950 NW 120TH AVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

3561 NW 126TH AVE
CORAL SPRINGS, FL 33065

Current Mailing Address:

3950 NW 120TH AVE
CORAL SPRINGS, FL 33065

New Mailing Address:

3561 NW 126TH AVE
CORAL SPRINGS, FL 33065

FEI Number: 20-0628651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, KENNETH W
1776 N. PINE ISLAND ROAD STE. 326
FORT LAUDERDALE, FL 33322 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: MGRM () Delete
Name: PALMER, JOHN D
Address: 3950 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: PALMER, PEGGY C
Address: 3950 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMER, JOHN D
Address: 3561 NW 126TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR (X) Change () Addition
Name: PALMER, PEGGY C
Address: 3561 NW 126TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY PISANO

F

02/15/2007

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