

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 28, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L04000048732**

1. Entity Name  
**LASIK VISION CENTERS, LLC**



Principal Place of Business

**7900 PETERS ROAD  
BLDG G, ST 101  
PLANTATION, FL 33324**

Mailing Address

**7900 PETERS ROAD  
BLDG G, ST 101  
PLANTATION, FL 33324**



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**33-1095768**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRESIDENTIAL SERVICES INCORPORATED  
1217 CAPE CORAL PKWY.  
#300  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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**

000000681449  
04/04/07-80044-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WESSELL, KEVIN
STREET ADDRESS	23404 W. LYONS AVE. #223
CITY-ST-ZIP	NEWHALL, CA 91321

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/22/07