

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066216

FILED  
May 15, 2009  
Secretary of State

Entity Name: EYE EXAMS UNLIMITED, P.L.

**Current Principal Place of Business:**

12233 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

17000 SW 63RD MANOR  
SOUTHWEST RANCHES, FL 33331

**New Mailing Address:**

FEI Number: 77-0646539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SLINGBAUM, MATTHEW P  
3876 SHERIDAN STREET  
HOLLYWOOD, FL 33021      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SLINGBAUM, MATTHEW P MGRM  
Address: 17000 SW 63RD MANOR  
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: MGRM ( ) Delete  
Name: SLINGBAUM, STACI W MGRM  
Address: 17000 SW 63RD MANOR  
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

**ADDITIONS/CHANGES:**

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

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: MATTHEW SLINGBAUM

MGMR

05/15/2009

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