

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000074373

1. Entity Name
VOLUSIA OPTICAL, LLC



Principal Place of Business
2445 S. VOLUSIA AVENUE
C-1
ORANGE CITY, FL 32763 US

Mailing Address
305 E. NEW YORK AVENUE
DELAND, FL 32724



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1103185

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORDERO, ROBERT
305 E. NEW YORK AVENUE
DELAND, FL 32724

**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, 2006**

000000453389
03/14/06-80019-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CORDERO, ROBERT
STREET ADDRESS	305 E. NEW YORK AVE.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	MGR
NAME	KROPP, THOMAS M
STREET ADDRESS	305 E. NEW YORK AVE.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	MGR
NAME	MACKINDER, PHILLIP J
STREET ADDRESS	305 E. NEW YORK AVE.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 #

2/28/06 (386) 734-2931