

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086526

FILED
Mar 30, 2009
Secretary of State

Entity Name: EYES OF THE EVERGLADES, LLC

Current Principal Place of Business:

P.O. BOX 119
EVERGLADES CITY, FL 34139

New Principal Place of Business:

905 COPELAND AV
EVERGLADES CITY, FL 34139

Current Mailing Address:

P.O. BOX 119
EVERGLADES CITY, FL 34139

New Mailing Address:

FEI Number: 20-2497663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAMILTON JR., SAMMY
905 COPELAND AVE. PO BOX 686
EVERGLADES, FL 34139 US

Name and Address of New Registered Agent:

HAMILTON JR., SAMMY
905 COPELAND AVE.
EVERGLADES, FL 34139 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: _____

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMILTON, SAMMY JR
Address: P.O. BOX 119
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES:

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: SAMMY HAMILTON, JR.

PRES

03/30/2009

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