

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000004507

Entity Name: EYETOPIA, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

246 SOUTH FLAMINGO RD  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 350472  
FT LAUDERDALE, FL 33335

**New Mailing Address:**

PO BOX 205  
SHARPS CHAPEL, TN 37866

FEI Number: 51-0533834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARRETT-HARRINGTON, MARGARET M O.D.  
246 SOUTH FLAMINGO RD  
PEMBROKE PINES, FL 33027 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: MGR  
Name: BARRETT-HARRINGTON, MARGARET M O.D.  
Address: 246 SOUTH FLAMINGO RD  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MMGR  
Name: HARRINGTON, JOSHUA L  
Address: PO BOX 181  
City-St-Zip: STOCKTON, NY 14784

I hereby 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: MARGARET BARRETT-HARRINGTON

MGR

04/30/2012

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