

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012870

Entity Name: FRESH EYES CONSULTANTS, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

2521 BAYKAL DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

1443 SHEANA LANE
KISSIMMEE, FL 34744

Current Mailing Address:

2521 BAYKAL DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

1443 SHEANA LANE
KISSIMMEE, FL 34744

FEI Number: 32-0145380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVENGER, JAMES V
2521 BAYKAL DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

CLEVENGER, JAMES V
1443 SHEANA LANE
KISSIMMEE, FL 34744 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:

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLEVENGER, J. VICTOR
Address: 2521 BAYKAL DR
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: CLEVENGER, MARCIA J
Address: 2521 BAYKAL DR
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLEVENGER, J. VICTOR
Address: 1443 SHEANA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Change () Addition
Name: CLEVENGER, MARCIA J
Address: 1443 SHEANA LANE
City-St-Zip: KISSIMMEE, FL 34744

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: MARCIA J CLEVENGER

MGRM

01/04/2008

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