

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029466

Entity Name: EYE EXPRESSIONS, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

6271 PGA BOULEVARD
SUITE 202
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

6271 PGA BOULEVARD
SUITE 202
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 20-2588199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBUSCH, CLIVE
6271 PGA BOULEVARD
SUITE 202
PALM BEACH GARDENS, FL 33418 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 () Delete
Name: ROSENBUSCH, CLIVE
Address: 2343 NW 64TH STREET
City-St-Zip: BOCA RATON, FL 33496

Title: MGRF () Delete
Name: SIMON, DAVID
Address: 8925 SOUTHWEST 148TH STREET
City-St-Zip: MIAMI, FL 33176

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: CLIVE ROSENBUSCH

MGR

04/07/2009

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