

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104620

**FILED**  
**Apr 08, 2008**  
**Secretary of State**

**Entity Name:** ASHLEY WEINER NOCHOMSON, O.D., L.L.C.

**Current Principal Place of Business:**

154 NW 115 TERRACE  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

154 NW 115 TERRACE  
PLANTATION, FL 33325

**New Mailing Address:**

**FEI Number:** 74-3174483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ASHLEY WEINER NOCHOMSON, O.D.  
154 NW 115 TERRACE  
PLANTATION, FL 33325 US

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

NOCHOMSON, ASHLEY W DR  
154 NW 115 TERRACE  
PLANTATION, FL 33325 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: DR. ASHLEY W. NOCHOMSON

04/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ASHLEY WEINER NOCHOM, SON, O.D.  
Address: 154 NW 115 TERRACE  
City-St-Zip: PLANTATION, FL 33325

**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: DR. ASHLEY W. NOCHOMSON

MGR

04/08/2008

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