2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L06000034272

Entity Name: NATIONAL LENS LLC

Current Principal Place of Business:

5622 BROOKDALE WAY
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

5622 BROOKDALE WAY
TAMPA, FL 33625

New Mailing Address:

FEI Number: 20-4109059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 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: PD ( ) Delete
Name: DIAZ, ALLISON
Address: 5622 BROOKDALE WAY
City-St-Zip: TAMPA, FL 33625 19

Title: D ( ) Delete
Name: DIAZ, RAMON
Address: 5622 BROOKDALE WAY
City-St-Zip: TAMPA, FL 33625

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: ALLISON DIAZ PD 07/08/2008

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