

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 14, 2007 8:00 am
Secretary of State

07-16-2007 90039 039 ****50.00

DOCUMENT # L06000036879 1. Entity Name RITZ OPTICS, LLC					
Principal Place of Business 150 SE 17TH STREET, UNIT 100 OCALA FL 34471			Mailing Address 150 SE 17TH STREET, UNIT 100 OCALA FL 34471		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SIMONS, JOHN S 121 NW 3RD STREET OCALA FL 34475				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when terminating) Signature, typed or printed name of registered agent and title if applicable					
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHENEY, JERRY 150 SE 17TH STREET, UNIT 100 OCALA FL 34471	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			Date: 7/3/07 352 7580 Daytime Phone: #		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					