

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038616

FILED
Jan 15, 2009
Secretary of State

Entity Name: VISTA VISION EYECARE LLC

Current Principal Place of Business:

13625 EAGLE RIDGE DR.
APT 334
FT. MYERS, FL 33912

New Principal Place of Business:

5170 CLEVELAND AVE
FT. MYERS, FL 33907

Current Mailing Address:

13625 EAGLE RIDGE DR.
APT 334
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 02-0774813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA TORRE, MIGUEL E
13625 EAGLE RIDGE DR. APT 334
FT. MYERS, FL 33912 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: MGRM () Delete
Name: DE LA TORRE, MIGUEL E
Address: 13625 EAGLE RIDGE DR. APT 334
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: DE LA TORRE, SYLVIA
Address: 732 SW 100 CT CIRCLE
City-St-Zip: MIAMI, FL 33174

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: MIGUEL DE LA TORRE MGRM 01/15/2009

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