

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 06, 2010
Secretary of State

Entity Name: VISTA VISION EYECARE LLC

Current Principal Place of Business:

5170 CLEVELAND AVE
FT. MYERS, FL 33907

New Principal Place of Business:

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

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

I hereby 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 DR. 01/06/2010

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