

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059194

Entity Name: NISSER EYE, LLC

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, STEPHEN M ESQ.
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 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: ALI, ABDUL M
Address: 725 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM () Delete
Name: CORTES, YUSEF M
Address: 725 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM () Delete
Name: CORTES, SAMUEL M
Address: 725 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL M. CORTES

MGRM

03/17/2008

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