# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 06, 2007**
**Secretary of State**

DOCUMENT# L06000103203

**Entity Name:** PRIMARY EYE CARE OF FLORIDA, LLC

**Current Principal Place of Business:**

1776 S CHICKASAW TRAIL
ORLANDO, FL 32825

**New Principal Place of Business:**

451 E. ALTAMONTE DR.
JC PENNEY OPTICAL
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

1776 S CHICKASAW TRAIL
ORLANDO, FL 32825

**New Mailing Address:**

451 E. ALTAMONTE DR.
JC PENNEY OPTICAL
ALTAMONTE SPRINGS, FL 32701

**FEI Number: 20-5757568** **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:**

KHAN, RIZ J
1776 CHICKISAW TRAIL
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

KHAN, RIZ J
1776 CHICKASAW TRAIL
ORLANDO, FL 32825 US

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: RIZ JUAN KHAN 10/06/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: KHAN, RIZ J
Address: 1776 S. CHICKISAW TRAIL
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES:**

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: RIZ JUAN KHAN MGR 10/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date