

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111946

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: CRYSTAL EYES OPTICAL, LLC

**Current Principal Place of Business:**

4165 9TH STREET SW  
SUITE 106  
VERO BEACH, FL 32968

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 650803  
VERO BEACH, FL 32965

**New Mailing Address:**

FEI Number: 20-5902156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EMMONS, REBECCA F ESQUIRE  
3355 OCEAN DRIVE  
VERO BEACH, FL 32963 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: SESSIONS, CHARLES L MGRM  
Address: 4165 9TH STREET SW SUITE 106  
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM ( ) Delete  
Name: SESSIONS, STEFANIE T MGRM  
Address: 4165 9TH STREET SW SUITE 106  
City-St-Zip: VERO BEACH, FL 32968

**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: CHARLES SESSIONS

MGRM

03/14/2008

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