

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111946

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** CRYSTAL EYES OPTICAL, LLC

**Current Principal Place of Business:**

2045 HIGHLAND DR  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 650266  
VERO BEACH, FL 32965

**New Mailing Address:**

PO BOX 650803  
VERO BEACH, FL 32965

**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  
**Name:** SESSIONS, CHARLES L MGRM  
**Address:** PO BOX 650803  
**City-St-Zip:** VERO BEACH, FL 32965

**Title:** MGRM  
**Name:** SESSIONS, STEFANIE T MGRM  
**Address:** P.O. BOX 650803  
**City-St-Zip:** VERO BEACH, FL 32965

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:** CHARLES SESSIONS

MGRM

05/01/2011

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