


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90030 042 ****55.00

DOCUMENT # L06000122269 1. Entity Name EYE CANDY OPTICAL LLC																											
Principal Place of Business 80 X BEAL PKWY NW FT. WALTON BEACH, FL 32548		Mailing Address 80 X BEAL PKWY NW FT. WALTON BEACH, FL 32548																									
2. Principal Place of Business - No P.O. Box # Eye Candy Optical LLC Suite, Apt. #, etc. 80 - Beal Pkwy NW Fort Walton Beach, FL 32548 City & State 850-226-7096		3. Mailing Address Eye Candy Optical LLC Suite, Apt. #, etc. 80 - Beal Pkwy NW Fort Walton Beach, FL 32548 City & State 850-226-7096																									
Zip - Country U.S.A.		Zip U.S.A.																									
6. Name and Address of Current Registered Agent REEVE, CANDICE 12 HIGHLAND DR., NW FT. WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Candice Reeve</i></u> DATE <u>04-22-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REEVE, CANDICE L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12 HIGHLAND DR., NW</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>FT. WALTON BEACH, FL 32548</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	REEVE, CANDICE L		STREET ADDRESS	12 HIGHLAND DR., NW		CITY- ST- ZIP	FT. WALTON BEACH, FL 32548		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Candice Reeve</i></u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											

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