

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-27-2008 90087 039 ***138.75

DOCUMENT # L07000050606	
1. Entity Name SPIFFY EYES, LLC.	

Principal Place of Business 401 N.W. 108TH AVENUE PLANTATION, FL 33324 US	Mailing Address 2800 E. COMMERCIAL BLVD. # 208 FORT LAUDERDALE, FL 33308
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30004345



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	13900 S. JOG ROAD # 203-276
City & State	DELRAY BEACH, FL
Zip	33446 USA

03062008 Chg-LLC CR2E083 (12/06)

4. FEJ Number 26-0162412	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ALLEN H. KATZ, P.A. 2800 E. COMMERCIAL BLVD. # 208 FORT LAUDERDALE, FL 33308	

7. Name and Address of New Registered Agent	
ALLEN H KATZ, P.A. 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446	

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.

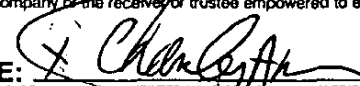
SIGNATURE 	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMAR, CHARLES 401 N.W. 108TH AVENUE PLANTATION, FL 33324 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMAR, MONIQUE 401 N.W. 108TH AVENUE PLANTATION, FL 33324 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	Charles Amar 23-24/08
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