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 US

30004345

03062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
13900 S. JOG ROAD
203-276
DELRAY BEACH, FL
33446 USA

4. FEI Number 26-0162412 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN H. KATZ, P.A.
2800 E. COMMERCIAL BLVD.
208
FORT LAUDERDALE, FL 33308

New ADDRESS →

7. Name and Address of New Registered Agent

ALLEN H KATZ, P.A.
13900 S. JOG ROAD
203-276
DELRAY BEACH, FL 33446
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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AMAR, CHARLES		NAME		
STREET ADDRESS	401 N.W. 108TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AMAR, MONIQUE		NAME		
STREET ADDRESS	401 N.W. 108TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X [signature] Charles Amar X 3-24/08 X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #