

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000082131

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

**Entity Name:** ADVANCED FAMILY EYECARE OF KENDALL, LLC

**Current Principal Place of Business:**

7030 S W 82 AVE  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7030 S W 82 AVE  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BAKER, RONALD G  
2655 LEJEUNE RD  
201  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: KUNDL, JOANNE  
Address: 7030 S W 82 AVE  
City-St-Zip: MIAMI, FL 33143 US

**ADDITIONS/CHANGES:**

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: JOANNE KUNDL O.D.

PRES

02/12/2009

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