

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000095204

**FILED**  
**Dec 13, 2010**  
**Secretary of State**

**Entity Name:** ARAOZ & ASSOCIATES "A FAMILY EYE CARE PRACTICE", LLC

**Current Principal Place of Business:**

2101 S. PARROTT AVE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

2304 SW PARKRIDGE PLACE  
PALM CITY, FL 34990

**Current Mailing Address:**

2304 SW PARKRIDGE PLACE  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 83-0489198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

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

ARAOZ, GEORGINA E  
2304 SW PARKRIDGE PLACE  
PALM CITY, FL 34990 US

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: GEORGINA E ARAOZ

12/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ARAOZ, GEORGINA E  
Address: 2304 SW PARKRIDGE PLACE  
City-St-Zip: PALM CITY, FL 34974

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: GEORGINA E ARAOZ

PRES

12/13/2010

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