

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000105914

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** PRADO VISION OPTICAL, LLC

**Current Principal Place of Business:**

7522 NORTH HIMES AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

7522 NORTH HIMES AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 26-1337107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNERY, JOHN C JR  
101 E. KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602 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: P  
Name: PRADO, ANTONIO M.D.  
Address: 11615 INNSFIELD DRIVE  
City-St-Zip: ODESSA, FL 33556

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: ANTONIO PRADO

P

02/24/2011

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