

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109404

Entity Name: ELOQUENT EYES, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

8970 PALMAS GRADES BLVD - # 202
BONITA SPRINGS, FL 34135

New Principal Place of Business:

15495 TAMiami TRAIL N
STE 124
NAPLES, FL 34110

Current Mailing Address:

8970 PALMAS GRADES BLVD - # 202
BONITA SPRINGS, FL 34135

New Mailing Address:

15495 TAMiami TRAIL N
STE 124
NAPLES, FL 34110

FEI Number: 39-2065818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OGDEN, BRIGID B
8970 PALMAS GRADES BLVD - # 202
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

OGDEN, BRIGID B
15495 TAMiami TRAIL N
STE 124
NAPLES, FL 34110 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OGDEN, BRIGID B
Address: 8970 PALMAS GRADES BLVD - # 202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OGDEN, BRIGID B
Address: 15495 TAMiami TRAIL N. STE 124
City-St-Zip: NAPLES, FL 34110

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: BRIGID B OGDEN

DR

05/01/2008

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