

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112958

Entity Name: ESPINOZA OPTICIANS LLC

FILED  
Aug 29, 2008  
Secretary of State

## Current Principal Place of Business:

516 SHADY PINE WAY  
#A-1  
GREENACRES, FL 33415 US

## New Principal Place of Business:

1240 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411 US

## Current Mailing Address:

516 SHADY PINE WAY  
#A-1  
GREENACRES, FL 33415 US

## New Mailing Address:

1240 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411 US

FEI Number: 26-1381085      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:

ESPINOZA, JUAN  
516 SHADY PINE WAY  
#A-1  
GREENACRES, FL 33415 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: ESPINOZA, JUAN  
Address: 516 SHADY PINE WAY, #A-1  
City-St-Zip: GREENACRES, FL 33415 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ESPINOZA, MIGUEL  
Address: 1240 ROYAL PALM BEACH BLVD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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: JUAN ESPINOZA

MGR

08/29/2008

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