

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120616

FILED  
Apr 26, 2011  
Secretary of State

Entity Name: PRECISION EYE CARE LAB LLC

**Current Principal Place of Business:**

2314 W 80 STREET  
BAY 4  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

2314 W 80 STREET  
BAY 4  
HIALEAH, FL 33016 US

**New Mailing Address:**

FEI Number: 26-1511800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMADRID FINANCIAL SERVICES CORP  
8320 W. SUNRISE BLVD  
STE 202  
PLANTATION, FL 33322 US

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

LAMADRID FINANCIAL SERVICES CORP  
300 S PINE ISLAND RD  
STE 223  
PLANTATION, FL 33324 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:

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CABALLERO, JESUS D  
Address: 756 NW 170 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR  
Name: ACEVEDO, JONATHAN  
Address: 15525 NW 5TH TERRA  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR  
Name: DECSA LLC  
Address: 2314 W 8 STREET BAY 4  
City-St-Zip: HIALEAH, FL 33016 US

Title: MGRM  
Name: VALLES, LUIS M  
Address: 756 NW 170 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: LUIS MIGUEL VALLES

MGRM

04/26/2011

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