

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006756

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL SPECTACLE LENS LLC

**Current Principal Place of Business:**

5350 NW 35 TH AVE  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

5350 NW 35 TH AVE  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 26-1792932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERKOWITZ, HARVEY  
5350 NW 35 TH AVE  
FORT LAUDERDALE, FL 33309 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:** MGRM  
**Name:** BERKOWITZ, HARVEY  
**Address:** 8221 HAMPTON WOOD DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** MGRM  
**Name:** T.R.S., INC  
**Address:** 5350 N.W. 35TH AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** MGRM  
**Name:** S.J.R.,INC  
**Address:** 5350 N.W. 35TH AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** MGRM  
**Name:** OPTICAL GROUP INC  
**Address:** 21200 POINT PLACE #1005  
**City-St-Zip:** AVENTURA, FL 33180

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:** HARVEY BERKOWITZ

MGRM

01/07/2010

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