2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

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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 Statues.

SIGNATURE: HARVEY BERKOWITZ MGRM 01/25/2011

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