

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011840

FILED
Mar 24, 2009
Secretary of State

Entity Name: CIAMBRONE VISION, OD P.L..

Current Principal Place of Business:

2680 SLEEPY HOLLOW LANE
LAKELAND, FL 33810

New Principal Place of Business:

4444 WEST VINE STREET
WAL-MART VISION CENTER
KISSIMMEE, FL 34746

Current Mailing Address:

2680 SLEEPY HOLLOW LANE
LAKELAND, FL 33810

New Mailing Address:

3659 VICTORIA MANOR DRIVE
B109
LAKELAND, FL 33805

FEI Number: 26-1867738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIAMBRONE, ANDREW
2680 SLEEPY HOLLOW LANE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

CIAMBRONE, ANDREW
3659 VICTORIA MANOR DRIVE
B109
LAKELAND, FL 33805 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: ANDREW CIAMBRONE

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CIAMBRONE, ANDREW
Address: 2680 SLEEPY HOLLOW LANE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CIAMBRONE, ANDREW
Address: 3659 VICTORIA MANOR DRIVE B109
City-St-Zip: LAKELAND, FL 33805

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: ANDREW CIAMBRONE

OD

03/24/2009

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