

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011840

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4444 WEST VINE STREET  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3841 STRAFFORD PLACE  
LAKELAND, FL 33810

**New Mailing Address:**

4444 WEST VINE STREET  
KISSIMMEE, FL 34746

**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  
3841 STRAFFORD PLACE  
LAKELAND, FL 33810 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: CIAMBRONE, ANDREW  
Address: 3841 STRAFFORD PLACE  
City-St-Zip: LAKELAND, FL 33810

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: ANDREW CIAMBRONE

MGR

01/04/2012

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