2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L08000013141

Entity Name: PAYLESS EYEWEAR LLC

Current Principal Place of Business:

160 LIVE OAK WOODS CT. #7C
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

160 LIVE OAK WOODS CT. #7C
DELTONA, FL 32725

New Mailing Address:

2751 ENTERPRISE RD
SUITE 103
ORANGE CITY, FL 32763

FEI Number: 26-1939732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTIERREZ, EDWINS
2286 NEWMARK DRIVE
DELTONA, FL 32738 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: MGR ( ) Delete
Name: RODRIGUEZ, MARIELA
Address: 160 LIVE OAK WOODS CT. #7C
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete
Name: GUTIERREZ, ROBERTO
Address: 160 LIVE OAK WOODS CT. #7C
City-St-Zip: DELTONA, FL 32725

Title: MGR ( ) Delete
Name: GUTIERREZ, EDWINS
Address: 2286 NEWMARK DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIELA RODRIGUEZ MGR 04/15/2009

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