

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046969

Entity Name: PAUL VISION CARE, LLC

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

85161 SHINNECOCK HILLS DRIVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

13227 CITY SQUARE DR
JACKSONVILLE, FL 32218

Current Mailing Address:

85161 SHINNECOCK HILLS DRIVE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 26-2582937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAUL, ADELE
85161 SHINNECOCK HILLS DRIVE
FERNANDINA BEACH, FL 32034 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 () Delete
Name: PAUL, ADELE
Address: 85161 SHINNECOCK HILLS DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

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: ADELE PAUL

DR

01/26/2009

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