2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L08000053904

Entity Name: FLORIDA OPTOMETRIC SERVICES, LLC

Current Principal Place of Business:

2514 LAKEWAY BRANCH DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

2514 LAKEWAY BRANCH DRIVE
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 26-2744141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLESEN, CLAYTON L JR.
2514 LAKEWAY BRANCH DRIVE
ORLANDO, FL 32839 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: OLESEN, CLAYTON L JR.
Address: 2514 LAKEWAY DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: MGRM ( ) Delete
Name: STAPELTON, VERNON A
Address: PO BOX 91630
City-St-Zip: LAKELAND, FL 33804

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: STAPLETON, VERNON A
Address: PO BOX 91630
City-St-Zip: LAKELAND, FL 33804

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: CLAYTON L OLESEN, JR. MGRM 02/18/2009

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