2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

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Entity Name: HEALTHY EYE, LLC

Current Principal Place of Business:

880 N A1A SUITE 13
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

880 N A1A SUITE 13
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 26-2984338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALDEN, ALLISON
2961 ANTIGUA DR.
JACKSONVILLE BEACH, FL 32250 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: STANTON FALDEN, ALLISON
Address: 2961 ANTIGUA DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM
Name: FALDEN, DAVID
Address: 2961 ANTIGUA DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM
Name: STANTON FALDEN, ALLISON
Address: 2961 ANTIGUA DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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Name: STANTON FALDEN, ALLISON
Address: 2961 ANTIGUA DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 Statues.

SIGNATURE: ALLISON FALDEN OD 03/06/2012

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