

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067076

FILED
Apr 14, 2009
Secretary of State

Entity Name: ALLIGATOR ISLAND OPTICAL, LLC

Current Principal Place of Business:

2725 SW 91ST STREET, STE. 160
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

5405 SW 81ST TERRACE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 26-2972902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHRENREICH, SHARON W
303 STATE ROAD 26
MELROSE, FL 32666 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: KNOWLAND, GARY
Address: 5405 SW 81ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: KNOWLAND, LORI
Address: 5405 SW 81ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

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: LORI KNOWLAND

MGRM

04/14/2009

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