

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000640

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** CYCLOPS OF FLORIDA, LLC

**Current Principal Place of Business:**

1904 ALAFIA OAKS DR.  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

1904 ALAFIA OAKS DR.  
VALRICO, FL 33596 US

**New Mailing Address:**

FEI Number: 26-3992960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STONER, TIM A  
1904 ALAFIA OAKS DR.  
VALRICO, FL 33596 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: STONER, TIM A  
Address: 1904 ALAFIA OAKS DR.  
City-St-Zip: VALRICO, FL 33596 US

Title: MGR  
Name: STONER, REBECCA L  
Address: 1904 ALAFIA OAKS DR.  
City-St-Zip: VALRICO, FL 33596 US

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 Statutes.

SIGNATURE: TIM A. STONER

MGRM

04/30/2010

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