

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000984

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** PERDIDO EYE, LLC

**Current Principal Place of Business:**

12591 SORRENTO ROAD  
SUITE B  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 N DAVIS HIGHWAY  
PENSACOLA, FL 32507 US

**New Mailing Address:**

5101 N DAVIS HIGHWAY  
PENSACOLA, FL 32503 US

**FEI Number:** 20-2363671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPEAR, CARL  
8158 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

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

SPEAR, CARL  
5101 NORTH DAVIS HWY  
PENSACOLA, FL 32503 US

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:**

03/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SPEAR, CARL  
**Address:** 5101 NORTH DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503 US

**Title:** MGRM  
**Name:** SPEAR, KATIE  
**Address:** 12591 SORRENTO ROAD, SUITE B  
**City-St-Zip:** PENSACOLA, FL 32507 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:** CARL H SPEAR

MGRM

03/05/2012

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