

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007163

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** COPPEDGE EYECARE, LLC

**Current Principal Place of Business:**

10024 WEEKS DRIVE  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

86 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601 US

**Current Mailing Address:**

10024 WEEKS DRIVE  
BROOKSVILLE, FL 34601 US

**New Mailing Address:**

86 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601 US

**FEI Number:** 26-4100301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COPPEDGE, JOHN C  
10024 WEEKS DRIVE  
BROOKSVILLE, FL 34601 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:** COPPEDGE, JOHN H JR.  
**Address:** 10112 WEEKS DRIVE  
**City-St-Zip:** BROOKSVILLE, FL 34601 US

**Title:** MGRM  
**Name:** COPPEDGE, JOHN C  
**Address:** 10024 WEEKS DRIVE  
**City-St-Zip:** BROOKSVILLE, FL 34601 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:** JOHN C COPPEDGE

MGRM

01/13/2010

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