

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027786

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: OPTIME VISION GROUP LLC

**Current Principal Place of Business:**

4005 NW 114TH AVE.  
SUITE 8  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

4005 NW 114TH AVE.  
SUITE 8  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 26-4506512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABRAL, MARCOS SR  
2771 EXECUTIVE PARK DR  
STE 1  
WESTON, FL 33331 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: MGR  
Name: CABRAL, MARCOS A SR  
Address: 4005 NW 114TH AVE. SUITE 8  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: MARMOLEJOS, PRIAMO D SR  
Address: 4005 NW 114TH AVE. SUITE 8  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: CABRAL, RIMA  
Address: 4092 PINEWOOD LANE  
City-St-Zip: WESTON, FL 33178

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: MARCOS CABRAL

MGR

04/25/2012

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