

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042864

Entity Name: EYE ENTERPRISES, LLC

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11512 LAKE MEAD AVE  
STE 306  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

11512 LAKE MEAD AVE  
STE 306  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 27-0148905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EYE, BRADLEY JD/MBA  
4104 FERRARRA ST  
JACKSONVILLE, FL 32217 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: EYE, EARL H MD  
Address: 705 SAINT MORITE CT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM  
Name: EYE, MARCIA  
Address: 705 SAINT MORITE CT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM  
Name: EYE, BRADLEY  
Address: 4104 FERRARRA ST  
City-St-Zip: JACKSONVILLE, FL 32217

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: MARCIA D. EYE

MGMR

01/19/2010

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