

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000093003

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** SURE VISION EYE CARE, LLC

**Current Principal Place of Business:**

1187 JOHN SIMS PARKWAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1187 JOHN SIMS PARKWAY  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 27-0998675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVERY, JAMIE  
909 MAR WALT DR.  
FORT WALTON BEACH, FL 32547 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: BRENCI, AMANDA L  
Address: 1187 JOHN SIMS PARKWAY  
City-St-Zip: NICEVILLE, FL 32578

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: AMANDA BRENCI

MGRM

01/14/2011

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