

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000056157

FILED
Apr 22, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA LOW VISION REHABILITATION RESOURCE CENTER, LLC

Current Principal Place of Business:

OASIS OFFICE CENTRE
940 CENTRE CIRCLE, SUITE 2004
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

OASIS OFFICE CENTRE
940 CENTRE CIRCLE, SUITE 2004
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 27-2742206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEMPSTER, THEODORE R
801 BRICKELL AVENUE, PH-1
MIAMI, FL 33131 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: LIPSITT, KENNETH
Address: 940 CENTRE CIRCLE, SUITE 2004
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: KENNETH L LIPSITT

MEMB

04/22/2011

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