

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000000646

EXPERT VISION EXPRESS NO. 2, L.C.
5230 COCONUT CREEK PARKWAY
MARGATE FL 33063

1a. Principal Place of Business Address
5230 COCONUT CREEK PARKWAY
MARGATE FL 33063

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2698 N UNIVERSITY DR.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE - FL - 33322

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

06/12/1996

3a. State of Formation

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

PETTINATO, ROBERTO
5230 COCONUT CREEK PARKWAY
MARGATE FL 33063

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM PETTINANTO, ROBERTO

20529 CAROUSEL CIRCLE WEST BOCA RATON FL

MGRM PETTINANTO, GIANNI

20529 CAROUSEL CIRCLE WEST BOCA RATON FL

MGRM MUSA, KELLI

10770 MAPLE CHASE DRIVE BOCA RATON FL

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****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

ROBERTO PETTINATO 06/16/97 (954) 9849966

Date

Daytime Phone #