

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90105 018 ****50.00

DOCUMENT # M00000002706

1. Entity Name
SOPER INTERNATIONAL OPHTHALMICS, LLC



Principal Place of Business
2528 TRAILMATE DRIVE
SARASOTA, FL 34243

Mailing Address
2528 TRAILMATE DRIVE
SARASOTA, FL 34243



07262004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
84-1566385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBRÉCHT, WILLIAM G
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DOUGHERTY, DAVID J
STREET ADDRESS 25714 WAYNES WAY
CITY-ST-ZIP GOLDEN, CO 80401 Evergreen CO 80439

TITLE MGRM
NAME SMART, ROBERT
STREET ADDRESS 2401 POST ROAD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I 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 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.

SIGNATURE: *David J Dougherty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #