

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001774

FILED
Apr 05, 2010
Secretary of State

Entity Name: EYEMED VISION CARE LLC

Current Principal Place of Business:

4000 LUXOTTICA PL, ATTN: TAX DEPT
MASON, OH 450408114

New Principal Place of Business:

Current Mailing Address:

PO BOX 8509, ATTN: TAX DEPT
MASON, OH 450407114

New Mailing Address:

FEI Number: 31-1656473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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: COO
Name: BRADLEY, KERRY
Address: 4000 LUXOTTICA PLACE
City-St-Zip: MASON, OH 450408114

Title: VPS
Name: BOXER, MICHAEL
Address: 44 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: VPTR
Name: GIANNOLA, VITO
Address: 44 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MEMB
Name: INC, LENS CRAFTERS
Address: 4000 LUXOTTICA PLACE
City-St-Zip: MASON, OH 450408114

Title: PRES
Name: DIGIANDOMENICO, ELIZABETH
Address: 4000 LUXOTTICA PLACE
City-St-Zip: MASON, OH 450408114

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: KERRY BRADLEY

COO

04/05/2010

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