

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001774

FILED  
Apr 10, 2012  
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:**

4000 LUXOTTICA PL  
MASON, OH 450408114

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 8509, ATTN: TAX DEPT  
MASON, OH 45040 US

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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: ELIZABETH DIGIANDOMENICO

PRES

04/10/2012

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