

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029945

**Entity Name:** SOUTHWEST FLORIDA EYE CARE, L.L.C.

**Current Principal Place of Business:**

6850 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**Current Mailing Address:**

1360 EAST VENICE AVENUE  
VENICE, FL 34285 US

**FEI Number:** 14-1858252

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUSE, KINGA  
1360 EAST VENICE AVENUE  
VENICE, FL 34285 US

*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:** KINGA HUSE

03/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	PALMON, FLORENTINO E	Name	AVRIL, LEONARD F
Address	6850 INTERNATIONAL CENTER BLVD	Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MARHUE, BRIAN K	Name	ORR, PENNY J
Address	6850 INTERNATIONAL CENTER BLVD	Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912
Title	AUTHORIZED MEMBER	Title	PRESIDENT
Name	SMOLYAR, ALBERT	Name	HUSE, KINGA J
Address	6850 INTERNATIONAL CENTER BLVD	Address	1360 EAST VENICE AVENUE
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	VENICE FL 34285

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KINGA HUSE

PRESIDENT

03/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date