

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029945

Entity Name: SOUTHWEST FLORIDA EYE CARE, L.L.C.**Current Principal Place of Business:**8043 COOPER CREEK BLVD, SUITE 101
UNIVERSITY PARK, FL 34201**Current Mailing Address:**8043 COOPER CREEK BLVD, SUITE 101
UNIVERSITY PARK, FL 34201 US**FEI Number:** 14-1858252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CFA MANAGEMENT, LLC
8043 COOPER CREEK BLVD
SUITE 101
UNIVERSITY PARK, FL 34201 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	PALMON, FLORENTINO E
Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912

Title	AUTHORIZED MEMBER
Name	MARHUE, BRIAN K
Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912

Title	AUTHORIZED MEMBER
Name	SMOLYAR, ALBERT
Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912

Title	MGRM
Name	AVRIL, LEONARD F
Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912

Title	AUTHORIZED MEMBER
Name	ORR, PENNY J
Address	6850 INTERNATIONAL CENTER BLVD
City-State-Zip:	FORT MYERS FL 33912

Title	CEO
Name	LOGAN, BRAD
Address	8043 COOPER CREEK BLVD, SUITE 101
City-State-Zip:	UNIVERSITY PARK FL 34201

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: BRAD LOGAN

CEO

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date