

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029945

**Entity Name:** SOUTHWEST FLORIDA EYE CARE, L.L.C.**Current Principal Place of Business:**1360 EAST VENICE AVENUE  
VENICE, FL 34285**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

01/26/2023

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 MGRM  
Name AVRIL, LEONARD F  
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 ORR, PENNY J  
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 PRESIDENT  
Name HUSE, KINGA J  
Address 1360 EAST VENICE AVENUE  
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

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date