# 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: PATRICIA HOYT

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

04/02/2018

# DOCUMENT# L08000033295

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FORZZI OPTICAL GROUP, LLC

## Current Principal Place of Business:

8491 NW 17TH ST 111 MIAMI, FL 33126

#### **Current Mailing Address:**

15363 SW 32 ND TER MIAMI, FL 33185 US

## FEI Number: 26-2313112

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

HOYT, PATRICIA E 15363 SW 32ND TER #12 MIAMI, FL 33185 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: PATRICIA HOYT

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleMGRMNameHOYT, PATRICIA EAddress15363 SW 32ND TERCity-State-Zip:MIAMI FL 33185



Certificate of Status Desired: No

04/02/2018 Date

Date