

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037279

**Entity Name:** 20/20 EYECARE EXPRESS, LLC

**Current Principal Place of Business:**

12034 W. BAYSHORE DR.  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

12034 W. BAYSHORE DR.  
CRYSTAL RIVER, FL 34429 US

**FEI Number:** 06-1839750

**Certificate of Status Desired:** No

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

SOBEL, ALLEN  
12034 W. BAYSHORE DR.  
CRYSTAL RIVER, FL 34429 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 SOBEL, ALLEN  
Address 12034 W. BAYSHORE DR.  
City-State-Zip: CRYSTAL RIVER FL 34429

Title MGRM  
Name SOBEL, GAYLE  
Address 12034 W. BAYSHORE DR.  
City-State-Zip: CRYSTAL RIVER FL 34429

*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:** GAYLE A SOBEL

**OWNER**

**03/13/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date