

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120765

Entity Name: EYECARE PARTNERS OF SOUTHWEST FLORIDA LLC

Current Principal Place of Business:

5265 UNIVERSITY PARKWAY, UNIT 101
UNIVERSITY PARK, FL 34201

Current Mailing Address:

5265 UNIVERSITY PARKWAY, UNIT101
UNIVERSITY PARK, FL 34201

FEI Number: 27-1585833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUTRINO, CHARLES RII
5265 UNIVERSITY PARKWAY
UNIT 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	MGR	Title	S
Name	PUTRINO, CHARLES RII	Name	PUTRINO, CHARLES RII
Address	5265 UNIVERSITY PARKWAY, UNIT 101	Address	5265 UNIVERSITY PARKWAY, UNIT 101
City-State-Zip:	UNIVERSITY PARK FL 34201	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES R PUTRINO II

MGR

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date