

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000101528

Entity Name: ARGOS EYE CARE LLC

Current Principal Place of Business:

8319 EMBASSY BLVD
PORT RICHEY, FL 34668

Current Mailing Address:

8701 SUMMER DRIVE
HUDSON, FL 34667 US

FEI Number: 90-0756503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUCKMAN, CARLI AO.D.
8701 SUMMER DRIVE
HUDSON, FL 34667 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
Name RUCKMAN, CARLI AO.D.
Address 8701 SUMMER DRIVE
City-State-Zip: HUDSON FL 34667

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: CARLI A. RUCKMAN

MGR

04/25/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date