

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101528

**Entity Name:** ARGOS EYE CARE LLC

**Current Principal Place of Business:**

10710 STATE ROAD 54  
SUITE 107  
TRINITY, FL 34655

**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**

**PRESIDENT**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date