

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000065032

Entity Name: STUART K. HARRELL, OD, LLC

Current Principal Place of Business:

3015 LAKEHOUSE COVE ISLE
#303
PLANT CITY, FL 33566-7440

Current Mailing Address:

3015 LAKEHOUSE COVE ISLE
#303
PLANT CITY, FL 33566-7440 US

FEI Number: 81-2091448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRELL, STUART K
3015 LAKEHOUSE COVE ISLE
#303
PLANT CITY, FL 33566-7440 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 HARRELL, STUART K
Address 3015 LAKEHOUSE COVE ISLE
#303
City-State-Zip: PLANT CITY FL 33566-7440

Title AMBR
Name HARRELL, GIOIA M
Address 3014 FOREST CLUB DR.
City-State-Zip: PLANT CITY FL 33566

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: STUART HARRELL

MGR

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date