

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000206752

**Entity Name:** RESOLVE OPHTHALMICS, LLC**Current Principal Place of Business:**

C/O 3 SEASONS CAPITAL LLC  
ATT:TOM DENNEY ONE NORTH CLEMATIS ST STE110  
WEST PALM BEACH, FL 33401-5551

**Current Mailing Address:**

C/O 3 SEASONS CAPITAL LLC  
ATT:TOM DENNEY ONE NORTH CLEMATIS ST STE110  
WEST PALM BEACH, FL 33401-5551 US

**FEI Number:** 81-4437445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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	AMBR
Name	SHOUSH A, MOHAMED A
Address	500 EAST LAS OLAS BLVD 2304
City-State-Zip:	FORT LAUDERDALE FL 33027
Title	MGR
Name	DRASNER, FRED
Address	C/O 3 SEASONS CAPITAL LLC ATT:TOM DENNEY ONE NORTH CLEMATIS ST STE 110
City-State-Zip:	WEST PALM BEACH FL 33401-5551

Title	AMBR
Name	YOO, SONIA
Address	1660 S. BAYSHORE DRIVE 102
City-State-Zip:	MIAMI FL 33133
Title	CFO
Name	VECCHIOLLA, JOSEPH
Address	C/O 3 SEASONS CAPITAL LLC ATT:TOM DENNEY ONE NORTH CLEMATIS ST STE 110
City-State-Zip:	WEST PALM BEACH FL 33401-5551

*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:** FRED DRASNER**MANAGING MEMBER****04/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date