

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000042382

**Entity Name:** EYE CARE MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

1093 SW 156 TERR  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1093 SW 156 TERR  
PEMBROKE PINES, FL 33027 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LLEWELLYN, DANIEL DR  
8451 W OAKLAND PARK BLVD  
SUNRISE, FL 33351 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 LLEWELLYN, DANIEL  
Address 8451 W OAKLAND PARK BLVD  
City-State-Zip: SUNRISE FL 33351

Title AR  
Name LLEWELLYN, MARYBELLE  
Address 1093 SW 156 TERR  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** DANIEL LLEWELLYN

04/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date