

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000179746

**Entity Name:** PERCEPTION VISION CARE, LLC

**Current Principal Place of Business:**

11586 MURRAY AVE  
SEMINOLE, FL 33778

**Current Mailing Address:**

11586 MURRAY AVE  
SEMINOLE, FL 33778 US

**FEI Number:** 82-2566766

**Certificate of Status Desired:** No

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

FLAVIN, NOONEY & PERSON  
2200 S BABCOCK ST  
MELBOURNE, FL 32901 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 SCURLOCK, JENNIFER  
Address 11586 MURRAY AVE  
City-State-Zip: SEMINOLE FL 33778

*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:** JENNIFER SCURLOCK

MGR

05/28/2020

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

\_\_\_\_\_ Date