

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000218992

**Entity Name:** ALYCIA'S OPTOMETRIC SERVICES, PLLC

**Current Principal Place of Business:**

574 US-27  
LADY LAKE, FL 32159

**Current Mailing Address:**

3320 BOYD CIR  
OXFORD, FL 34484 US

**FEI Number: 82-3198948**

**Certificate of Status Desired:** No

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

CHIARAMONTI, ALYCIA O.D.  
3320 BOYD CIR  
OXFORD, FL 34484 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:** ALYCIA CHIARAMONTI

01/13/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name CHIARAMONTI, ALYCIA O.D.  
Address 3320 BOYD CIR  
City-State-Zip: OXFORD FL 34484

*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:** ALYCIA CHIARAMONTI O.D.

**OWNER**

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date