# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDIA E BERNAUDO

Electronic Signature of Signing Authorized Person(s) Detail

169 E FLAGLER ST SUITE 1632

Entity Name: EYEWEAR SOLUTIONS LLC

**Current Principal Place of Business:** 

#### **Current Mailing Address:**

DOCUMENT# L19000252761

169 E FLAGLER ST SUITE 1632 MIAMI, FL 33131 US

MIAMI, FL 33131

## FEI Number: 84-3683601

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

BERNAUDO, CLAUDIA E 169 E FLAGLER ST SUITE 1632 MIAMI, FL 33131 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

#### Authorized Person(s) Detail :

Authorized Person(s) Detail .			
Title	MGR	Title	MGR
Name	BERNAUDO, CLAUDIA E	Name	BERNAUDO, ANIBAL
Address	169 E FLAGLER ST SUITE 1632	Address	169 E FLAGLER ST SUITE 1632
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 25, 2023 Secretary of State 5071229113CC

Certificate of Status Desired: No

01/25/2023

Date

MGR

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