

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000040201

Entity Name: SIGHT LOSS SOLUTIONS LLC

Current Principal Place of Business:

215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804

Current Mailing Address:

2059 WOODLAWN DR
ORLANDO, FL 32803 US

FEI Number: 86-1937233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YEILDING, MARY WILLSON
2059 WOODLAWN DR
ORLANDO, FL 32803 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: MARY W YEILDING

02/21/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WILLSON, ROBERT A
Address 1801 SUMMERFIELD RD
City-State-Zip: WINTER PARK FL 32792

Title OFFICER
Name YEILDING, MARY WILLSON
Address 2059 WOODLAWN DR
City-State-Zip: ORLANDO FL 32803

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: DR. ROBERT WILLSON

MGR

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date