

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000040201

Entity Name: SIGHT LOSS SOLUTIONS LLC

Current Principal Place of Business:

1801 SUMMERFIELD RD
WINTER PARK, FL 32792

Current Mailing Address:

1801 SUMMERFIELD RD
WINTER PARK, FL 32792

FEI Number: 86-1937233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: ROBERT A WILLSON, OD

OWNER

01/29/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date