

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000127185

**Entity Name:** WESTON EYECARE, LLC

**Current Principal Place of Business:**

19514 SW 51ST COURT  
MIRAMAR, FL 33029

**Current Mailing Address:**

19514 SW 51ST COURT  
MIRAMAR, FL 33029 US

**FEI Number:** 86-2941122

**Certificate of Status Desired:** No

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

CUEVAS, JESUS  
19514 SW 51ST COURT  
MIRAMAR, FL 33029 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	P	Title	VP
Name	CUEVAS, JESUS	Name	JOBSON, ANASTASIA C
Address	19514 SW 51ST COURT	Address	19514 SW 51ST COURT
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029
Title	MGR	Title	MGR
Name	CUEVAS, JESUS	Name	JOBSON, ANASTASIA C
Address	19514 SW 51ST COURT	Address	19514 SW 51ST COURT
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029

*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:** JESUS CUEVAS

**PRESIDENT**

**01/31/2022**

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

\_\_\_\_\_  
Date