

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000159537

**Entity Name:** JANSON VISION CARE, LLC

**Current Principal Place of Business:**

14521 NW 87 CT  
MIAMI LAKES, FL 33018

**Current Mailing Address:**

14521 NW 87 CT  
MIAMI LAKES, FL 33018

**FEI Number:** 92-3388239

**Certificate of Status Desired:** No

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

JANSON, ALFREDO  
14521 NW 87 CT  
MIAMI LAKES, FL 33018 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 JANSON, ALFREDO  
Address 14521 NW 87 CT  
City-State-Zip: MIAMI LAKES FL 33018

*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:** ALFREDO JANSON

MANAGER

01/26/2024

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

\_\_\_\_\_ Date