

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000006417

**Entity Name:** LUCIA EYE CARE, LLC

**Current Principal Place of Business:**

2913 W COACHMAN AVE  
TAMPA, FL 33611

**Current Mailing Address:**

951 SW 4TH AVE  
BOCA RATON, FL 33432 US

**FEI Number:** 81-2477777

**Certificate of Status Desired:** No

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

BLAKESBERG, JON D  
951 SW 4TH AVE  
BOCA RATON, FL 33432 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 MBR  
Name EAKINS, MATTHEW T  
Address 2913 W COACHMAN AVE  
City-State-Zip: TAMPA FL 33611

*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:** EAKINS, MATTHEW T

MBR

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date