

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90002 032 ****50.00

DOCUMENT # J-00000016298

1. Entity Name

PIZZARELLO EYE CARE, L.L.C.



Principal Place of Business

WALMART VISION CENTER
19910 BRUCE B DOWNS RD.
TAMPA FL 33647

Mailing Address

PIZZARELLO EYE CARE, L.L.C.
692 ESSEX DR.
PORT SAINT LUCIE FL 34984

2. Principal Place of Business

WALMART VISION CENTER

3. Mailing Address

Suite, Apt. #, etc.

1675 NW St. Lucie West Blvd.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Zip

34986

Country

St. Lucie

Zip

Country

4. FEI Number

65-1088865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLESE, WILLIAM F ESQ.
8000 S FEDERAL HWY., STE. 301
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PIZZARELLO, CARL O.D.
STREET ADDRESS 692 ESSEX DR.
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Carl Pizzarello, esq

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/27/04

Date

772-878-3940

Daytime Phone #