

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90050 032 \*\*\*\*50.00

**DOCUMENT # L00000016298**

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.  
7208 LAKES DIVIDE RD.  
TEMPLE TERRACE FL 33637**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**PIZZARELLO EYECARE, L.L.C.**

Suite, Apt. #, etc.

**692 ESSEX DR.**

City & State

**PORT ST. LUCIE, FL**

Zip

**34984**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
0	<b>PIZZARELLO, CARL O.D.</b>	<b>7208 LAKES DIVIDE RD.</b>	<b>TEMPLE TERRACE FL 33637</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>MGRM (owner)</b>	<b>PIZZARELLO, CARL O.D.</b>	<b>692 ESSEX DR.</b>	<b>PORT ST. LUCIE, FL 34984</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*  
**SIGNATURE REQUIRED**

**2/18/03**

**(813) 973-1151**

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

Date

Daytime Phone #

CR2E083 (10/02)