

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90013 048 *****50.00

0059985

DOCUMENT # L01000019160

1. Entity Name
ALLIED EYECARE, LLC



Principal Place of Business

**13595 58TH STREET N.
136
CLEARWATER FL 33760**

Mailing Address

**13595 58TH STREET N.
136
CLEARWATER FL 33760**

2. Principal Place of Business

13575 58th St. N

3. Mailing Address

13575 58th St N

Suite, Apt. #, etc.

144

Suite, Apt. #, etc.

144

City & State

Clearwater, FL

City & State

Clearwater FL

Zip

33760

Country

Pinellas

Zip

33760

Country

Pinellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3744453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORD, HARVEY A
411 SECOND AVE NE, SUITE 905
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

2552 First Ave N

City

St. Petersburg

FL

Zip Code

33713

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

TITLE **MGRM** ☐ Delete
NAME **SANSHER, RICHARD L**
STREET ADDRESS **13575 58TH ST. NORTH, STE 144**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **MGRM** ☐ Delete
NAME **SAUEN, LINDA**
STREET ADDRESS **13575 58TH ST. NORTH, STE 144**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
This is a typo. Should be "Sanchez". Suite 144

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 144

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

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

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

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:

SIGNATURE REQUIRED

Richard Sanchez

2/15/03

727-

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

Date

Daytime Phone #

CR2E083 (10/02)