

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03060000474

1. Entity Name
EYE ASSOCIATES HOLDINGS, LLC



Principal Place of Business
4007 BAYSIDE DRIVE
BRADENTON, FL 34210

Mailing Address
4007 BAYSIDE DRIVE
BRADENTON, FL 34210



02132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3079089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, MICHELINE
4007 BAYSIDE DRIVE
BRADENTON, FL 34210

**DO NOT WRITE
IN THIS SPACE**

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

Micheline Silverman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/05

Filing Fee is \$50.00
Due by May 1, 2005

U00000237907
02/21/05-80077-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	AS
NAME	SILVERMAN, HARRIS
STREET ADDRESS	4007 BAYSIDE DRIVE
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	AS
NAME	SILVERMAN, MICHELINE
STREET ADDRESS	4007 BAYSIDE DRIVE
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Micheline Silverman

941 756 7704
2/15/05