

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90324 008 ****50.00

DOCUMENT # L03000000475

1. Entity Name
EYE ASSOCIATES, LLC



Principal Place of Business
**4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

Mailing Address
**4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

24075143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

☐ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVERMAN, MICHELINE
4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

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

Micheline Silverman

(NOTE: Registered Agent signature required when reinstating)

5/1/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HARRIS SILVERMAN, AS TRUSTEE OF THE HARRIS SILVERMAN REVOCABLE TRUST DATED 7/9/1997
4007 BAYSIDE DRIVE, BRADENTON, FL 34210**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MICHELINE SILVERMAN AS TRUSTEE OF THE MICHELINE SILVERMAN REVOCABLE TRUST DATED 7/9/1997
4007 BAYSIDE DRIVE, BRADENTON, FL 34210**

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

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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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:

Micheline Silverman

5/1/04

Date

941-756-724

Daytime Phone #

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