

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 024 ****50.00

DOCUMENT # L05000009341

1. Entity Name
EYE CARE OF PERDIDO, LLC



Principal Place of Business
**12385 SORRENTO ROAD
SUITE C-3
PENSACOLA, FL 32507 US**

Mailing Address
**12385 SORRENTO ROAD
SUITE C-3
PENSACOLA, FL 32507 US**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2363671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYNCHARD LAW FIRM, P.A.
7552 NAVARRE PARKWAY
SUITE 9
NAVARRE, FL 32566**

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SPEAR, CARL
STREET ADDRESS	8158 NAVARRE PARKWAY
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME	GRUBBS, DUSTIN
STREET ADDRESS	8158 NAVARRE PARKWAY
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME	MCCREARY, KATIE
STREET ADDRESS	12385 SORRENTO RD STE C-3
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____