

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90013 021 ***138.75

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**

60027806



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

Name **Lynchard Law Firm, P.A.**

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

1901 Andorra Street

City **Navarre**

FL

Zip Code **32576**

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

Lane Lynchard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SPEAR, CARL**
STREET ADDRESS **8158 NAVARRE PARKWAY**
CITY-ST-ZIP **NAVARRE, FL 32566**

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

TITLE **MGRM** ☒ Delete
NAME **GRUBBS, DUSTIN**
STREET ADDRESS **8158 NAVARRE PARKWAY**
CITY-ST-ZIP **NAVARRE, FL 32566**

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

TITLE **MGRM** ☐ Delete
NAME **MCCREARY, KATIE**
STREET ADDRESS **12385 SORRENTO RD STE C-3**
CITY-ST-ZIP **PENSACOLA, FL 32507**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

21 April 08