

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009341

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** EYE CARE OF PERDIDO, LLC

**Current Principal Place of Business:**

5101 NORTH DAVIS PARKWAY  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

12385 SORRENTO ROAD  
SUITE C3  
PENSACOLA, FL 32507 US

**Current Mailing Address:**

5101 NORTH DAVIS PARKWAY  
PENSACOLA, FL 32503 US

**New Mailing Address:**

**FEI Number:** 20-2363671      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LYNCHARD LAW FIRM, P.A.  
1901 ANDORRA STREET  
NAVARRE, FL 32566 US

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SPEAR, CARL  
**Address:** 5101 NORTH DAVIS PARKWAY  
**City-St-Zip:** PENSACOLA, FL 32503 US

**Title:** MGRM  
**Name:** MCCREARY, KATIE  
**Address:** 5101 NORTH DAVIS PARKWAY  
**City-St-Zip:** PENSACOLA, FL 32503 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CARL H SPEAR

MGRM

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date