

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009341

**FILED**  
**May 19, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

12385 SORRENTO ROAD  
SUITE C3  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

12591 SORRENTO ROAD  
SUITE B  
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 ( )**

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

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

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

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:** SPEAR, 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

MGMR

05/19/2011

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