

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90081 049 \*\*\*138.75

**DOCUMENT # L05000053367**

1. Entity Name  
**PANHANDLE CATARACT AND LASER INSTITUTE, LLC**



Principal Place of Business  
**8158 NAVARRE PARKWAY  
NAVARRE, FL 32566 US**

Mailing Address  
**8158 NAVARRE PARKWAY  
NAVARRE, FL 32566 US**

**60041150**



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

3. Mailing Address

01212008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**20-3039940**

Applied For  
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

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 **R. Lane Lynchard P.A.**

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

**1901 Andorra Street**

City **Navarre**

**FL**

Zip Code **32566**

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

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>CSEE AND SUN, LLC</b>			
	<b>8158 NAVARRE PARKWAY</b>			
	<b>NAVARRE, FL 32566</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #