

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062282

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** NAVARRE FAMILY EYE CARE, LLC

**Current Principal Place of Business:**

8158 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 NORTH DAVIS PARKWAY  
PENSACOLA, FL 32503

**New Mailing Address:**

5101 NORTH DAVIS HWY  
PENSACOLA, FL 32503

**FEI Number:** 59-3458223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCHARD & GREENE, PL  
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:** GRUBBS, DUSTIN  
**Address:** 8158 NAVARRE PARKWAY  
**City-St-Zip:** NAVARRE, FL 32566 US

**Title:** MGRM  
**Name:** HOOK, NEIL  
**Address:** 8158 NAVARRE PKWY  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** MGRM  
**Name:** SPEAR, CARL H  
**Address:** 8158 NAVARRE PKWY  
**City-St-Zip:** NAVARRE, FL 32566

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

03/05/2012

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