

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90020 049 *****50.00

DOCUMENT # L99000003839

1. Entity Name

RETINAVIT, L.L.C.



Principal Place of Business

C/O SUNIL GUPTA
289 PLANTATION HILL ROAD
GULF BREEZE FL 32561

Mailing Address

C/O SUNIL GUPTA
289 PLANTATION HILL ROAD
GULF BREEZE FL 32561

20018351



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

365 James River Rd

Suite, Apt. #, etc.

Gulf Breeze, FL

City & State

32561

Zip

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

365 James River Rd

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

4. FEI Number

22-3673087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUPTA, SUNIL
289 PLANTATION HILL ROAD
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: GUPTA, SUNIL
STREET ADDRESS: 289 PLANTATION HILL ROAD
CITY-ST-ZIP: GULF BREEZE FL 32561

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 365 James River Rd
CITY-ST-ZIP: Gulf Breeze, FL 32561

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

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

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

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 exemption stated in Section 119.07(3)(i), 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 #