

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21209

**Entity Name:** G & D EYECARE ASSOCIATES, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

17633 GUNN HWY, SUITE 364  
ODESSA, FL 33556

**Current Mailing Address:**

17633 GUNN HWY, SUITE 364  
ODESSA, FL 33556 US

**FEI Number:** 59-2518778

**Certificate of Status Desired:** No

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

LINSEY, DENNIS  
19102 AVENUE BAYONNES  
LUTZ, FL 33558 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

**General Partner Detail :**

Document #

Name LINSEY, DENNIS  
Address 19102 AVENUE BAYONNES  
City-State-Zip: LUTZ FL 33558

Document #

Name LINSEY, GEORGE  
Address 13930 SHADY SHORES DR  
City-State-Zip: TAMPA FL 33613

Document #

Name GORMAN, ROBERT L  
Address 55 COVE RD.  
City-State-Zip: MOORESTOWN NJ

Document #

Name BERNSTEIN, SIDNEY  
Address 1101 CROMWELL RD  
City-State-Zip: PHILADELPHIA PA

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENNIS LINSEY

RA

04/06/2021

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date