

2023 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
450 KNIGHTS RUN AVE UNIT 1904
TAMPA, FL 33602 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 450 KINGHTS RUN AVE UNIT 1904
City-State-Zip: TAMPA FL 33602

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

R/A

02/20/2023

Electronic Signature of Signing General Partner Detail

Date