## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000028044

Entity Name: AVALON PARK EYE CARE, LLC

Current Principal Place of Business:

12001 AVALON LAKE DRIVE, SUITE J

SUITE J

ORLANDO, FL 32828

## **Current Mailing Address:**

12001 AVALON LAKE DRIVE, SUITE J SUITE J ORLANDO, FL 32828

FEI Number: 26-4517745 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILSON, CHRISTOPHER JESQ. 976 LAKE BALDWIN LANE, SUITE 101 MARCHENA AND GRAHAM, P.A. ORLANDO, FL 32814 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

FILED Jun 10, 2013

**Secretary of State** 

CC0483107993

## Authorized Person(s) Detail:

Title MGR

Name TESINSKY, KENNETH J

Address 12001 AVALON LAKE DRIVE, SUITE J

City-State-Zip: ORLANDO FL 32828

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 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; and that my name appears above, or on an attachment with all other like empowered.