

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069018

Entity Name: VALLONE EYE CARE, L.L.C.

Current Principal Place of Business:

1619 DEL PRADO BLVD S.
CAPE CORAL, FL 33990

Current Mailing Address:

2224 SE 19TH AVENUE
CAPE CORAL, FL 33990

FEI Number: 45-5341085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALLONE, TRACIE
2224 SE 19TH AVENUE
CAPE CORAL, FL 33990 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

Authorized Person(s) Detail :

Title MGR
Name VALLONE, TRACIE E
Address 2224 SE 19TH AVENUE
City-State-Zip: CAPE CORAL FL 33990

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

SIGNATURE: TRACIE VALLONE OD

MANAGER/OWNER

01/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date