

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000039180

**Entity Name:** FLORIDA VEIN CARE SPECIALISTS LLC

**Current Principal Place of Business:**

5091 LATROBE DR.  
WINDERMERE, FL 34786

**Current Mailing Address:**

5091 LATROBE DR.  
WINDERMERE, FL 34786 US

**FEI Number:** 46-2287641

**Certificate of Status Desired:** No

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

MEYER, CHRISTOPHER G  
5091 LATROBE DR.  
WINDERMERE, FL 34786 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 MEYER, CHRISTOPHER G  
Address 5091 LATROBE DR  
City-State-Zip: WINDERMERE FL 34786

*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:** CHRISTOPHER MEYER

**MANAGER**

**01/23/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date