

2016 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

01/05/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date