

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000056296

**Entity Name:** SOUTH FLORIDA EYECARE CENTER, LLC**Current Principal Place of Business:**948 N KROME AVE  
HOMESTEAD, FL 33030**Current Mailing Address:**948 N KROME AVE  
HOMESTEAD, FL 33030**FEI Number:** 59-1518732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FURNARI, GERALD D  
948 N KROME AVE  
HOMESTEAD, FL 33030 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:** FURNARI, GERALD D.

04/26/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	LOFTON, ROBERT L
Address	948 N KROME AVE
City-State-Zip:	HOMESTEAD FL 33030

Title	MGR
Name	FURNARI, GERALD D
Address	948 N KROME AVE
City-State-Zip:	HOMESTEAD FL 33030

Title	AMBR
Name	LOFTON, ROBERT L
Address	948 N KROME AVE
City-State-Zip:	HOMESTEAD FL 33030

Title	AMBR
Name	FURNARI, GERALD D
Address	948 N KROME AVE
City-State-Zip:	HOMESTEAD FL 33030

*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:** GERALD D. FURNARI**OWNER**

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date