

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000147077

**Entity Name:** HARRIS FAMILY EYE CARE, LLC

**Current Principal Place of Business:**

11304 SW BARTON WAY  
PORT ST. LUCIE, FL 34987

**Current Mailing Address:**

1985 SW GLENCO ST.  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 81-3526926

**Certificate of Status Desired:** No

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

HARRIS, BRIAN  
1985 SW GLENCO ST.  
PORT ST. LUCIE, FL 34953 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:** BRIAN HARRIS

04/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	HARRIS, BRIAN	Name	HARRIS, JENNIFER
Address	1985 SW GLENCO ST.	Address	1985 SW GLENCO ST.
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST. LUCIE FL 34953

*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:** BRIAN HARRIS

CEO

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date