

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000044405

**Entity Name:** MICHAEL HERRIOTT, PLLC

**Current Principal Place of Business:**

11929 SW 3RD LANE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

11929 SW 3RD LANE  
GAINESVILLE, FL 32607 US

**FEI Number:** 82-0646990

**Certificate of Status Desired:** No

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

MICHAEL , HERRIOTT BLUE  
11929 SW 3RD LANE  
GAINESVILLE, FL 32607 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:** MICHAEL HERRIOTT

02/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | MGR                  | Title           | MANAGER              |
| Name            | HERRIOTT, MICHAEL B  | Name            | HERRIOTT, MICHAEL B  |
| Address         | 11929 SW 3RD LANE    | Address         | 11929 SW 3RD LANE    |
| City-State-Zip: | GAINESVILLE FL 32607 | City-State-Zip: | GAINESVILLE FL 32607 |

*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:** MICHAEL HERRIOTT

OPTOMETRIST

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date