

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000110815

**Entity Name:** COUGHLIN EYE CENTER, LLC

**Current Principal Place of Business:**

7051 DOCTOR PHILLIPS BLVD. #3  
ORLANDO, FL 32819

**Current Mailing Address:**

7051 DOCTOR PHILLIPS BLVD. #3  
ORLANDO, FL 32819 US

**FEI Number:** 02-0659095

**Certificate of Status Desired:** No

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

DENNIS, JULIA D ESQ.  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 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	MANAGER	Title	AUTHORIZED MEMBER
Name	COUGHLIN, SEAN P	Name	COUGHLIN, MICHELE
Address	7051 DOCTOR PHILLIPS BLVD. #3	Address	7051 DOCTOR PHILLIPS BLVD. #3
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

*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:** MICHELE COUGHLIN

VP

02/06/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date