

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000157893

Entity Name: LA ROSA EYE CARE LLC

Current Principal Place of Business:

6316 SPRINGLINE PLACE
APOLLO BEACH, FL 33572

Current Mailing Address:

6316 SPRINGLINE PLACE
APOLLO BEACH, FL 33572

FEI Number: 82-2251091

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRITTANY BENNETT CPA PA
523 E LUMSDEN ROAD
BRANDON, FL 33511 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 LA ROSA, ROBB
Address 6316 SPRINGLINE PLACE
City-State-Zip: APOLLO BEACH FL 33572

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: ROBB LA ROSA

PRESIDENT

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date