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.

OWNER

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: P.O. BOX 1011

Current Principal Place of Business:

GIBSONTON FL, 33534 UN

FEI Number: 82-5328932

ST.PETERSBURG, FL 33710

8087 N 25TH AVE SUITE 460

Name and Address of Current Registered Agent:

PITTMON, ERICA S 6207 COLMAR PL APOLLO BEACH, FL 33572 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: ERICA PITTMON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

SIGNATURE: ERICA PITTMON

Title AP PITTMON, ERICA S Name Address 6207 COLMAR PLACE City-State-Zip: APOLLO BEACH FL 33572

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	
DOCUMENT# L18000062555	

Entity Name: LIGHT OF VISION CARE SERVICE LOV LLC

Certificate of Status Desired: No

01/05/2024

Date

01/05/2024 Date

FILED Jan 05, 2024 Secretary of State 3209712852CC