

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000173243

Entity Name: LE EYE CARE, LLC

Current Principal Place of Business:

4054 N. GOLDENROD RD.
WINTER PARK, FL 32792

Current Mailing Address:

142 ALEXANDRIA PLACE DR.
APOPKA, FL 32712 US

FEI Number: 83-1300912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LE, TAMMY K
4054 N. GOLDENROD RD.
WINTER PARK, FL 32792 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 LE, TAMMY K
Address 142 ALEXANDRIA PLACE DR.
City-State-Zip: APOPKA FL 32712

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: TAMMY LE _____

OFFICER

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date