

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000025346

**Entity Name:** RETINA EYE SPECIALISTS LLC

**Current Principal Place of Business:**

4515 WILES ROAD  
SUITE 201  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4515 WILES ROAD  
SUITE 201  
COCONUT CREEK, FL 33073 US

**FEI Number:** 84-4508146

**Certificate of Status Desired:** No

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

PAUL J. LANE ESQ P.A.  
10380 SW VILLAGE CENTER DR. # 419  
PORT ST. LUCIE, FL 34987 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 GARG, POOJA  
Address 4515 WILES ROAD  
SUITE 201  
City-State-Zip: COCONUT FL 33073

*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:** POOJA GARG

MD

02/08/2023

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

\_\_\_\_\_  
Date