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. MANAGER

SIGNATURE: TAMARA EDGINGTON

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000073453 Entity Name: 8TH STREET VISION, LLC

Current Principal Place of Business:

2215 CLUSTER OAK DRIVE SUITE 2 CLERMONT, FL 34711

Current Mailing Address:

FEI Number: 84-4996590

Name and Address of Current Registered Agent:

BYSURA, NICHOLE 866 BUCKSAW PLACE LONGWOOD, FL 32750 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.

		, , ,	0000	0	0, ,	
	SIGNATURE	NICHOLE BYSURA			C	4/13/2023
		Electronic Signature of Registered Ag	ent			Date
Authorized Person(s) Detail :						
	Title	MGR	Ti	tle	MGR	
	Name	EDGINGTON, TAMARA	Na	ame	EDGINGTON, ADAM	
	Address	2215 CLUSTER OAK DRIVE, SUITE 2	Ac	ddress	2215 CLUSTER OAK DRIVE, SUIT	E 2
	City-State-Zip:	CLERMONT FL 34711	Ci	ity-State-Zip:	CLERMONT FL 34711	

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

2215 CLUSTER OAK DRIVE SUITE 2 CLERMONT, FL 34711 US

FILED Apr 13, 2023

Secretary of State

Certificate of Status Desired: No

04/13/2023 Date