

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000301920

Entity Name: WH FL OPTOMETRY PLLC**Current Principal Place of Business:**702 SW 8TH ST
BENTONVILLE, AR 72716**Current Mailing Address:**702 SW 8TH ST
BENTONVILLE, AR 72716 US**FEI Number:** 85-4075429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name MOHEEPUATH OD, GLENDA
Address 702 SW 8TH ST
City-State-Zip: BENTONVILLE AR 72716

Title CHIEF ADMINISTRATIVE OFFICER
Name GRABOW , AUBREY
Address 702 SW 8TH ST
City-State-Zip: BENTONVILLE AR 72716

Title ASST. SECRETARY
Name LITTLE, SARAH
Address 702 SW 8TH ST
City-State-Zip: BENTONVILLE AR 72716

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: MOHEEPUATH OD , GLENDA

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date