

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000541317

**Entity Name:** SIGHT CARE, LLC

**Current Principal Place of Business:**

12800 INDIAN ROCKS RD N  
SUITE 6B  
LARGO, FL 33774

**Current Mailing Address:**

P.O. BOX 822  
INDIAN ROCKS BEACH, FL 33785 US

**FEI Number:** 93-4761922

**Certificate of Status Desired:** No

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

BELLA VITA HEALTH, LLC  
12800 INDIAN ROCKS RD N  
SUITE 6B  
LARGO, FL 33774 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 BELLA VITA HEALTH, LLC  
Address 12800 INDIAN ROCKS RD N  
SUITS 6B  
City-State-Zip: LARGO FL 33774

*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:** THOMAS GOEBEL

MGR

04/23/2025

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

\_\_\_\_\_  
Date