

L11000092820 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

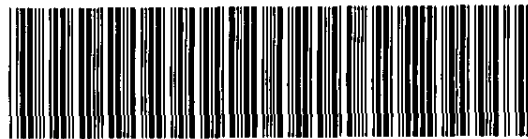
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 18 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ophthalmic Equipment Monitoring, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Frank C. Bragano
(Contact Person)

Ophthalmic Equipment Monitoring, LLC
(Firm/Company)

827 3rd Avenue South
(Address)

Tierra Verde, Florida 33715
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Bragano at (813) 420 7561
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 17 PM 1:57

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ophthalmic Equipment Monitoring, LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L11000092820

4. I, David Kaufman, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

David Kaufman

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

12 APR 17 PM 1:57
RECEIVED
ST. LEONARD COUNTY
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2012

FRANK C. BRAGANO
OPHTHALMIC EQUIPMENT MONITORING, LLC
827 3RD AVENUE SOUTH
TIERRA VERDA, FL 33715

SUBJECT: OPHTHALMIC EQUIPMENT MONITORING, LLC
Ref. Number: L11000092820

We have received your document for OPHTHALMIC EQUIPMENT MONITORING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 012A00011846