

L21000061337

(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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2021 OCT 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

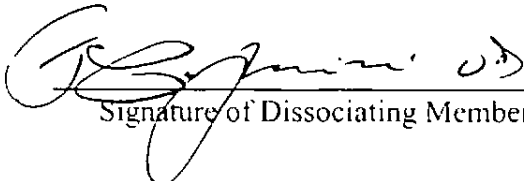
1. The name of the limited liability company as it appears on the records of the Florida Department
Vision 107, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L21000061339

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
10/1/2021
Francisco Companioni

4. I, Francisco Companioni O'D, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
Manager
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

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