

K67071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

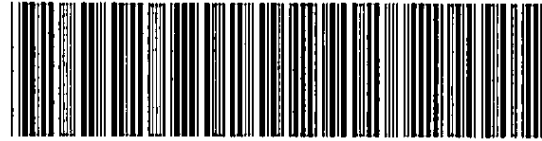
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300375047163

10/18/21--01011--012 **35.00

RECEIVED
MAIL ROOM
OCT 18 2021

2021 OCT 18 PM 1:01

FILED

00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOAR VISION INC.
(Name of Corporation)

DOCUMENT NUMBER: K67071

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERESA DAIDRE
(Name of Person)

SOAR VISION INC
(Name of Firm/Company)

2227 UNIVERSITY PARKWAY
(Address)

SARASOTA, FLA 34243
(City State and Zip Code)

For further information concerning this matter, please call:

TERESA DAIDRE at (941) 920-1837
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

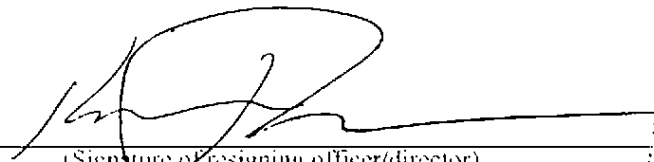
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MORT RAIBLE, hereby resign as PRESIDENT
(Title)

of SOLAR VISION INC.
(Name of Corporation)

1567071, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2021 OCT 18 PM 1:01
SECTION 607
TALLAHASSEE, FL

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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