

Nov. 21. 2024 9:37AM

No. 2922 P. 1

11/21/24, 9:00 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: AWalls@petersonmyers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EYE SURGICENTER, L.L.C.

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K. SALY

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No. 2922 P. 2

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EYE SURGICENTER, L.L.C.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

AMANDA L. WALLS, ESQ.
(Contact Person)

PETERSON & MYERS, P.A.
(Firm/Company)

225 EAST LEMON STREET, SUITE 300
(Address)

LAKELAND, FL 33802-4628
(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA L. WALLS, ESQ. 863 683-6511
(Name of Contact Person) at (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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CR2E079 (2/14)

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Nov. 21. 2024 9:33AM

No. 2922 P. 3

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 NOV 21 PM 5:06
TALLAHASSEE, FLORIDA

**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 of State is: EYE SUROICENTER, L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:
L00000008652

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/15/24

4. I, WILLIAM A. NEWSOM, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGING MEMBER
(Print Title)

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

William A. Newsom

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

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