

L02 0000 14146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

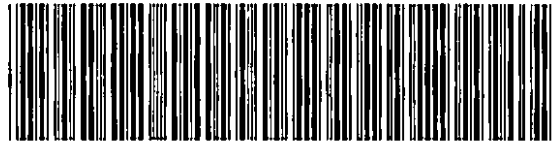
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 29 2020

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2020 JUN 29 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 15 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPTOMETRIC EXCELLENCE, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Constance R Myers

\_\_\_\_\_  
(Name of Person)

Optometric Excellence, LLC

\_\_\_\_\_  
(Firm/Company)

8740 SW 86 ST

\_\_\_\_\_  
(Address)

Miami, FL 33173

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Constance R Myers

\_\_\_\_\_  
(Name of Person)

305

666-3211

at (

) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**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

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
OPTOMETRIC EXCELLENCE, LLC
2. The Articles of Organization were filed on June 7, 2002 and assigned  
document number 1.02000014146
3. The delayed effective date the dissolution if not effective on the date of filing: June 30, 2020  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The sole member/manager of the LLC has determined that the purpose of the LLC has been completed.  
The sole member/manager of the LLC has determined that the purpose of the LLC has been completed.  
The sole member/manager of the LLC has determined that the purpose of the LLC has been completed.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Constance R Myers  
Signature

Constance R Myers, MGRM  
Printed Name

**FILING FEE: \$25.00**

2020 JUN 29 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**