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To:

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Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number : 075201001473 Phone : (561)650-7900 Fax Number : (561)655-6222

RECEIVED 04 AUG -5 AM 7: 54 WISION OF CORPORATIC

LIMITED LIABILITY DISSOLUTION

THE LASIK VISION INSTITUTE 02, LLC

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Certificate of Status	00
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Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is		
The Lasik Vision Institute 02, LLC		
2. The date the dissolution was approved: July 23, 200	24	
 A description of the occurrence that resulted in the section 608,441, Florida Statutes, (copy of 608,44) 		
Pursuant to F.S. 608.441(1)(c), the sole member of the lin	nited liability company executed a written consent	
o dissolution affective upon filing of these Articles of Diss	olution. Dissolution upon consent of the member	
is allowable under the limited liability company's articles o	f organization and operating agreement.	
4. CHECK ONE: All debts, obligations and liabilities of the limited OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-O	obligations and liabilities pursuant to \$. 608.4421 Chibuted among its members in accordance with their any court.	
Signature Dal 650	Typed or Printed name Ben Cook, CFO of The Lasik Vision Institute, LLC.	
	its sole mampar	

Filing Fee: \$25.00