	Florida Department of State Division of Corporations Public Access System
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To:	Division of Corporations Fax Number : (850)205-0383
Fro	a: Account Name : GREENBERG TRAURIG (WEST PALM BEACH) Account Number : 075201001473 Phone : (561)659-7900 Fax Number : (561)655-6222
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្រីហ	LIMITED LIABILITY DISSOLUTION
CEIVED -5 M 7:	HE LASIK VISION INSTITUTE 07, LLC
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ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is

The Lesik Vision Institute 07, LLC

2. The date the dissolution was approved. July 23, 2004

 A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Porsuant to F.S. 608.441(1)(c), the sole member of the limited liability company executed a written consent

to dissolution effective upon filing of these Articles of Dissolution. Dissolution upon consent of the memoer-

is allowable under the limited liability company's articles of organization and operating agreement

4. CHECK ONE:

- All debts, obligations and lizbilities of the limited liability company have been paid or discharged.
 OR-
- Q Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608 4421.
- All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE:

- 2 There are no suits pending against the company in any court.
- -OR-Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature · Ar

Typed or Printed name Ben Cook, CFO of The Lasik Vision Institute, LLC,

ds sole member



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