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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

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

## LIMITED LIABILITY DISSOLUTION

THE LASIK VISION INSTITUTE 11, LLC

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## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

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:49pm Prom-GREENBERG TRAURIG	T-449 P.002/002 F-695
	H04000161608 3 ALCANDO DISSOLUTION OR LIABILITY COMPANY
	DISSOLUTION OR LIABILITY COMPANY
i. The name of the limited liability company is	TO The
The Legal Vision Institute 17, LLC	
2. The date the dissolution was approved: July 23, 20	04
<ol> <li>A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.44)</li> </ol>	e limited liability company's dissolution pursuant to 41 on back of cover letter).
Pursuant to F.S. 508.441(1)(c), the sole member of the k	mited liability company executed a written consent
to dissolution effective upon fling of these Aracles of Dis	salution. Dissolution upon consent of the member
is allowable under the limited liability company's articles	of organization and operating agreement
4. CHECK ONE:  All debts, obligations and liabilities of the limited OR-  Adequate provision has been made for the debts,	obligations and liabilities pursuant to s. 608.4421.
5 All remaining property and assets have been distrespective rights and interests.	ributed among its members in accordance with their
<ul> <li>6 CHECK ONE:</li> <li>2 There are no suits pending against the company:         <ul> <li>OR-</li> </ul> </li> </ul>	a any court
<ul> <li>Adequate provision has been made for the satisfate entered against it in any pending suit.</li> </ul>	ction of any judgment, order or decree which may
Signatures of the members having the same perceithe dissolution:	ttage of membership interests necessary to approve
Signature Del 50	Typed or Printed name Ben Cook, CFO of The Lask Vision Institute, LLC,
,	its sole mamber

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