.001/002 F-697

Florida Department of State

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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

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DIVISION OF CORPORATION

## LIMITED LIABILITY DISSOLUTION

## THE LASIK VISION INSTITUTE 13, LLC

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\$25.00

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## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

5:52pm From-GREENBERG TRAURIG	T-450 P.002/002 F-697
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	Starte Me CI
F	DISSOLUTION OR LIABILITY COMPANY
1. The name of the limited liability company is	
	TO THE
The Lasik Vision Institute 13, LLC	
2. The date the dissolution was approved: July 23, 20	
<ol> <li>A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608 4)</li> </ol>	te limited liability company's dissolution pursuant to 41 on back of cover letter).
Pursuant to F.S. 608 441(1)(c), the sole member of the 6	miled hability company executed a written consent
to dissolution effective upon filing of these Articles of Dis	solution. Dissolution upon consent of the member
is allowable under the limited hability company's articles	of organization and operating agreement.
4. CHECK ONE:  20 All debts, obligations and habilities of the limited	Lability company have been said or discharged
OR-  Adequate provision has been made for the debts,	
5 All remaining property and assets have been dish respective rights and interests.	Thuted among its members in accordance with their
6. CHECK ONE:  ② There are no suits pending against the company i	n any court.
<ul> <li>OR-</li> <li>Adequate provision has been made for the satisfa be 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 percenthe dissolution .	ntage of membership interests necessary to approve
Signature Dello	Typed or Printed name Ben Cook, CFO of The Lasik Vision institute, LLC.
***	is sole member

Filing Fee: \$25.00