

LO3000027025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

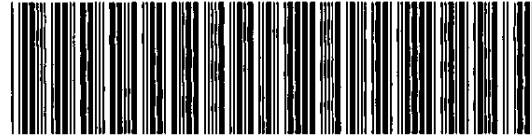
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Cuffey NOV - 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vision USA Holdings LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Callie Kosnoff

(Contact Person)

Vision USA Holdings, LLC

(Firm/Company)

625 Casa Loma Blvd Unit 401

(Address)

Boynton Beach Florida 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

Callie Kosnoff

(Name of Contact Person)

954-224-4498
at ()

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Vision USA Holdings, LLC

2. This limited liability company was organized under the laws of:
Florida Department of State

3. The Florida document/registration number of this limited liability company is:
L03000027025

4. I, Bonnie Benenfeld, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Bonnie Benenfeld
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA