

604 0000 75887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

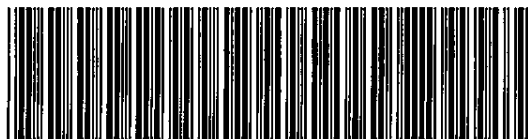
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789, 707, 671

Office Use Only



000088419420

02/16/07--01010--013 *\$35.00

FILED

07 MAR - 6 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

604-75887

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VISTA VISION LLC
(Name of Corporation)

DOCUMENT NUMBER: H040002080403

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA REBOLL DE GENTILINI -
(Name of Person)

VISTA VISION LLC.
(Name of Firm/Company)

4667 NW 97 CT DOML
(Address)

MIAMI FLA 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

Renato Gentilini at (786) 444 5833
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
07 MAR - 6 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2007

MARIA REBOLL DE GENTILINI
4667 NW 97 CT DOML
MIAMI, FL 33178

SUBJECT: VISTAVISION, LLC
Ref. Number: L04000075887

We have received your document for VISTAVISION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 407A00012079

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR -6 AM 10:30

FILED



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: VISTA VISION LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
LO 4000075887

4. I, MARIA Reboul Gentilini, hereby resign as a MANAGER
(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:

Maria Reboul Gentilini
Signature of Resigning Member, Managing Member or Manager

Filing Fee:
Certified Copy:

\$25.00 (Required) - Paid already
\$30.00 (Optional)