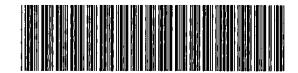
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(Rec	questor's Name)	1	
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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SECRETARY OF STATE
TAIL AHASSEF ELOPE

→ FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Red Vision LLC (Name of Limit	ted Liability Company)
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted f
Please return all correspondence concerning to	his matter to:
Momy Avitan	ZOO:
(Contact Person)	CRE N
Red Vision LLC	1 HAY 22 CRETARY AHASSE
(Firm/Company)	E, F1
4020 N 30th AVE	STATE LORIDA
(Address)	Σ,,, ω
Hollywood, FL 33020	
(City/State and Zip Code).	
For further information concerning this matter	r, please call:
Momy Avitan	at (954) 605-2545
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$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
CR2E079 (5/06) .	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGING

		SSEE A
1. The name of the	e limited liability company a	s it appears on the records of the Florida Department
	ed Vision LLC	DRICE
2. This limited lial State of FI	bility company was organize Orida	ed under the laws of:
3. The Florida doo L0500003		of this limited liability company is:
4. I, Yoram Av	itan.	hereby resign as a Manager
(Print)	Name of Person Resigning)	, hereby resign as a Manager (Print Title)
of this limited lia resignation in w	ibility company and affirm the riting.	he limited liability company has been notified of my
405	an	
Signature of Res	igning Member, Managing I	Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) -\$30.00 (Optional)	
2,5		

CR2E079 (5/06)