L05000093895

Special Instructions to Filing Officer:		

Office Use Only



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J. BRYAN

SEP 15 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Optical Opportunities LLC (Name of Limited Liability)	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Matthew Glachman	
(Contact Person)	
Optical Opportunities LLC	
(Firm/Company)	- SE T
2801 SW 71st Terrace	SEP 14 M 11:41 SEP 14 M 11:41 CHANASSEE, FLORID
(Address)	SERGI E
Davie, Florida 33314	Egy.
(City/State and Zip Code)	NA PER 1
For further information concerning this matter, please ca	d1:
Matthew Glachman at (561	350-8222
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a 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

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

The name of the limited liability company as it apports of State is: Optical Opportunities LLC	pears on the records of the F	lorida Departmer
This limited liability company was organized under Florida	r the laws of:	SEP 14 AM I ECKELANT OF S LLAHASSEE, FL
3. The Florida document/registration number of this l L05000093895	imited liability company is:	AM II: 41 FLORIDA
4. I, Neil Glachman	hereby resign as a MGMI	٦
(Print Name of Person Resigning)	(F	Print Title)
of this limited liability company and affirm the limi resignation in writing. Signature of Resigning Member, Managing Member		en notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		