

LO6 DDDD24113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

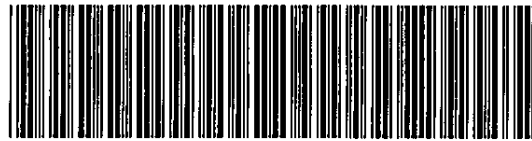
LO6-24113

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2006

MICHAEL P. LYNCH
1560 SAWGRASS CORP. PKWY.
SUITE 435
SUNRISE, FL 33323

SUBJECT: QUANTUM EYE CARE NETWORK, LLC
Ref. Number: L06000024113

We have received your document for QUANTUM EYE CARE NETWORK, 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):

The wrong form was completed.

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 906A00066918

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quantum Eye Care Network, 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:

Michael P. Lynch
(Contact Person)

Quantum EyeCare Network
(Firm/Company)

1560 Sawgrass Corp Pkwy #435
(Address)

Sunrise, FL 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Lynch at (954) 331-7962
(Name of Contact Person) (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: QUANTUM EYE CARE NETWORK, 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:

L06000024113

4. I, DAVID SALAZAR, hereby resign as a MEM
(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.


Signature of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE, FLORIDA