

(Requestor's Name)					
(Ad	ldress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phon	e #)			
<u> </u>	·	<u> </u>			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Do	ocument Number)				
(50	oument Number)				
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SECRETARY OF STATE DIVISION OF SECRETABLIONS

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations			
SUBJ	ECT: VISION CARE N	MOBILE SE		
	. (Traine of Dr	mica Liaomiy Cor	iipaiiy)	
The enfiling.	nclosed member, managing member of	or manager resig	nation and fee(s) are submitted for	
Please	e return all correspondence concernin	g this matter to:		
	MARIBEL RAMIREZ	7	•	
	(Contact Person)		<del>-</del>	
VIS	SON CARE MOBILE SERV	ICES LLC.		
	(Firm/Company)		_	
	16400 DIAMOND HEAD D	RIVE		
	(Address)		_	
	WESTON, FLORIDA 333	31		
	(City/State and Zip Code)		_	
For fu	orther information concerning this ma	tter, please call:	•	
	JULIA M. BATISTA	at ( 786	975-5022	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclos	sed please find a check made payable    V   \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy	
Regist Divisi Clifton	tration Section on of Corporations n Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
	Executive Center Circle		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

1. The name of the	limited liability company as FLORIDA	s it appears on the records of the Flori	ida Department
of State is:	ILONIDA		•
	ility company was organized	l under the laws of:	
	ument/registration number o	f this limited liability company is:	
T. 1,	SIRIS JUGO  Jame of Person Resigning)	, hereby resign as a MANAG	ER MEMBER
of this limited liab		e limited liability company has been	notified of my
Signature of Resi	gning Member, Managing N	1ember or Manager	SECRETAR VISION OF C
	\$25.00 (Required) \$30.00 (Optional)	•	TRY OF STATE CORPORATION