

L08000012486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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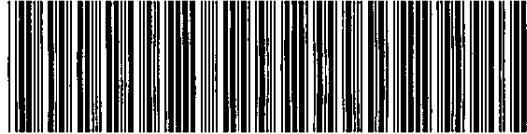
(Business Entity Name)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

MAY 21 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: VISION SOURCE OF EAST BROWARD, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JON JACOBS, O.D.

Name of Person

VISION SOURCE OF EAST BROWARD & ASSOCIATES, LLC

Firm/Company

2161 EAST COMMERCIAL BLVD, 4th FLOOR

Address

FORT LAUDERDALE, FL 33308-3810

City/State and Zip Code

TLCDRJON@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON JACOBS, O.D.

Name of Person

at (954) 336-5275

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee;
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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MGR = Manager
AMBR = Authorized Member

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Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized

Signature of a member or authorized representative of a member

JON S. JACOBS

Typed or printed name of signee

Filing Fee: \$25.00

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