

L0800000 61044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

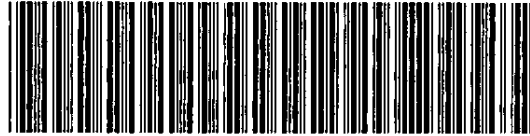
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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02/26/15--01013--003 \*\*25.00

FILED

2015 FEB 26 AM 10:50

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan

MAR 9 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GROUPEr Eye LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Andrew W. Williams  
(Name of Person)

GROUPEr Eye LLC  
(Firm/Company)

P.O. Box 643820  
(Address)

VERO BEACH, FL 32964 - 3820  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew W. Williams at ( 772 ) 231 - 1440  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

FILED  
2015 FEB 26 AM 10:50  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

GROUPER Eye, LLC

2. The Articles of Organization were filed on June 23, 2008 and assigned

document number 208000061044

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Total Liquidation

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Andrew W. Williams

PO Box 643820

VERO Beach, FL 32964-3820

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Andrew W Williams  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: GROUPEX Eye, LLC

Document number of Limited Liability Company is: L08000061044

Date of dissolution was: 2/26/15

Description of information that must be included in a written claim:

Nature of claim, amount, date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 643820  
VERO BEACH, FL 32964-3820  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Andrew Williams, MGR.      [Signature]  
Printed Name of the Person Filing      Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

FILED  
2015 FEB 26 AM 10:50  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS