LO8 000074899

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WA	IT MAIL		
(Business Entit	ty Name)		
(Document Number)			
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Certified Copies Certif	ficates of Status		
Special Instructions to Filing Officer:			
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Glad Optical & Aesthetic,	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Marshall I Gladnick	
(Contact Person)	
(Firm/Company)	
2061 Palm Bay Road NE	1
(Address) -	
Palm Bay, FL 32905	SEP 19 AM 10: 06 AM SSEE, FLOND blease call:
(City/State and Zip Code)	
For further information concerning this matter, p	blease call:
Marshall I Gladnick at	321 733-0074
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 li of State is: Glad	mited liability company as it ap Optical & Aesthetic, Li	opears on the records of the LC	ne Florida Department
2. This limited liabiling Florida	ity company was organized und	der the laws of:	
3. The Florida docum	nent/registration number of this	limited liability compan	y is: SECKETAN SECTETAN SECKETAN SECTETAN SECTET
4. I, Melody Inga	alls	, hereby resign as a Me	mber 👸 💆 🥛
(Print Nar	ne of Person Resigning)		(Print Title)
of this limited liabi resignation in writi	lity company and affirm the liming.	nited liability company ha	
Sprintere of Resign	ning Member, Managing Memb	per or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		