## LU8000082182

(Red	questor's Name)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: EYE ACCESS SE CUVITY (Name of Limited Liability Company)	LLC			
The enclosed member, managing member or manager resignation and fee(s filing.	s) are submitted for			
Please return all correspondence concerning this matter to:				
John Du Brule (Contact Person)				
(Firm/Company)				
201 South ORANGE Ave # 15/0				
ORIAND FL 3280/ (City/State and Zip Code)				
For further information concerning this matter, please call:				
Name of Contact Person)  Name of Contact Person)  (Area Code & Daytime Telep	ohone Number)			
Enclosed please find a check made payable to the Florida Department of St \$25 Filing Fee \$55 Filing Fee & Certified Cop	Z			
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327  Tallabassee File	ection rporations			

CR2E079 (5/06)

Tallahassee, Florida 32301



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## 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 loof State is:	imited liability company as it	appears on the records	of the Florida Department
	lity company was organized un		
LOSO	ment/registration number of th	<u>Z</u> .	
4. I, Print Na	Me of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited liab resignation in writ	ility company and affirm the li	imited liability compar	y has been notified of my
Signature of Resig	ning Member, Managing Men	nber or Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		