

L09000007163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

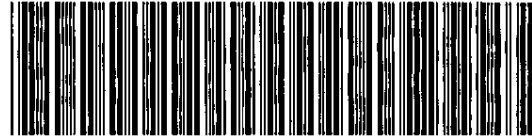
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/25/14--01013--024 \*\*55.00

14 AUG 25 AM 11:28  
DIVISION OF CORPORATIONS  
STATE OF MICHIGAN

C. LEWIS  
AUG 28 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coppedge Eyecare, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John C. Coppedge

(Contact Person)

Coppedge Eyecare, LLC

(Firm/Company)

86 Ponce De Leon Blvd.

(Address)

Brooksville, FL 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

Casey Coppedge

(Name of Contact Person)

at ( 352 ) 796-2141

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 AUG 25 AM 11:28

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

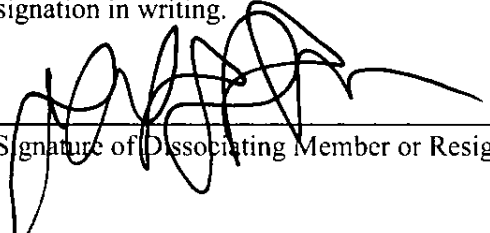
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Coppedge Eyecare, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000007163

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug. 21, 2014

4. I, John H. Coppedge, Jr., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
manager-member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)