

W09000113491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

04/09/10--01013--001 **25.00

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Visions, D.A., LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Darrell Gillis

(Contact Person)

Visions, D.A., LLC

(Firm/Company)

7217 Green Slope Drive

(Address)

Zephyrhills, Florida 33541

(City/State and Zip Code)

For further information concerning this matter, please call:

Fernandez-Garcia, Alicia, MD

(Name of Contact Person)

at (813) 779-3054

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

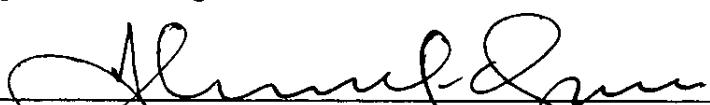
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Visions, D.A., LLC

2. This limited liability company was organized under the laws of:
Florida Department of State

3. The Florida document/registration number of this limited liability company is:

109000113491

4. I, Fernandez-Garcia, Alicia, MD, hereby resign as a MGR
(*Print Name of Person Resigning*) (*Print Title*)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE, FLORIDA

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