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SECRETARY OF STATE

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DIVISION OF CORPORATION
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COVER LETTER

Division of Corporations
SUBJECT: ST Weie DPHTHALFIC 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:
ADLIM GRECIA (Contact Person)
ST Wate OPHTHALMIE LLC (Firm/Company)
11955 SW AVENTING DR. (Address)
PORT ST Wei Flor, DA 34987 (City/State and Zip Code)
For further information concerning this matter, please call:
ADRAN GRECIS at (772) 708-1656 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \\$55 \text{Filing Fee & Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section

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

CR2E079 (2/14)

MAILING ADDRESS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32514

SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JUN 15 AM 8: 22



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 compa	any as it app	ears on the re	cords of the Fl	orida De	epartn	nent
of State is:S	T LUGE OP4T	HALMIC	LIC				<u>_</u> .
2. The Florida docu	ument/registration num	ber assigned	d to this limit	ed liability con	npany is:		
L 150000	60497	·					
3. The date this me	mber/manager withdre	w/resigned	or will withdi	raw/resign is: _	06/09	115	r
4. I, HORACIO (Print N	GARCIA Jame of Person Resigning)	 ,	hereby withd	raw/resign as a	ı		
MGR	(Print Title)	·					
of this limited lia resignation in wr	bility company and affi	irm the limi	ted liability co	ompany has be	en notifi	ed of	my
g land				_			
Signature of Thi	ssociating Member or	Resigning N	/anager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				SECRETARY (15 JUN 15 /	SECRETARY I
					OF STATE	AM 8: 22	OF STATE