

L15000156168

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Future Visions Management, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000156168

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Kevin Brooks, CEO

Name of Person

Future Visions Management, LLC

Name of Firm/Company

15237 Summerlin Commons Blvd, Suite 333

Address

Fort Myers, FL 33907

City/State and Zip Code

drbrooks@gcoeyes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Brooks

Name of Person

at (239)

Area Code

896-0046

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Rotella Legal Group, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Future Visions Management, LLC

Name of Limited Liability Company

L15000156168

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Bryan M. Rotella, Esq.

Typed or Printed Name

Founder & Managing Shareholder

Capacity

## FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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