

216000148516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

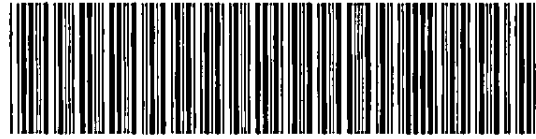
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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FILED
17 JUL 24 PM 5:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN
JUL 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2017

JOSE A VELEZ
903 NW 126TH AVE
CORAL SPRINGS, FL 33071

SUBJECT: NUVISION MD ENTERPRISES LLC
Ref. Number: L16000148516

We have received your document for NUVISION MD ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00009285

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nu Vision MD Enterprise 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:

Jose Velez
(Contact Person)

Nu Vision MD Enterprise LLC
(Firm/Company)

903 NW 126th AVE
(Address)

Coral Springs FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Velez at (786) 344-5376
(Name of Contact Person) (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



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: NO Vision MD Enterprise LLC

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

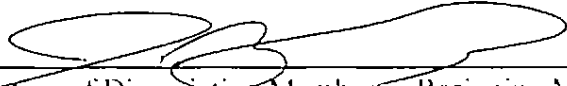
216000148516

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/1/17

4. I, Jerry M Cogswell, hereby withdraw/resign as a
(Print Name of Person Resigning)

Pres
(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)

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TALLAHASSEE, FLORIDA