

216000148516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

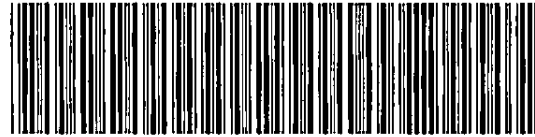
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JUL 24 PM 5:09
CLERK OF COURT
STATE OF 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: Nu Vision MD Enterprise LLC

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

L16000148516

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

4. I, Jeffrey 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]
Signature of Dissociating Member or Resigning Manager

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

FILED
17 JUL 24 PM 5:09
TALLAHASSEE, FLORIDA