

8/4/2021

Division of Corporations

L17000024857

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210002951703)))



H210002951703ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT RESIGNATION CATARACT VISION INSTITUTE FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

RECEIVED

2021 AUG -4 PM 1:36

CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

2021 AUG -4 PM 1:13
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T CORPORATION SYSTEM

Name of Registered Agent

, hereby resigns as

Registered Agent for

CATARACT VISION INSTITUTE FLORIDA, LLC

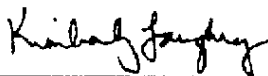
Name of Limited Liability Company

L17000024857

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:

Kimberly Laughrey

Typed or Printed Name

Assistant Secretary

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
2021 AUG -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA