

8/5/2021

**L 19000153666**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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JACKSONVILLE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
LASIK MANAGEMENT JACKSONVILLE, LLC**

Certificate of Status	0
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## 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

Registered Agent for \_\_\_\_\_

LASIK MANAGEMENT JACKSONVILLE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L19000153666

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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