

L19000221081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

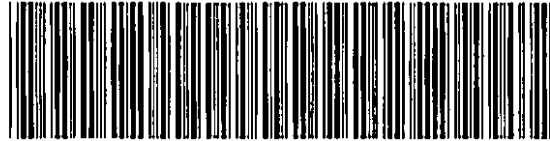
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF DISTRICT  
COURT  
JAN 23 2021  
2020-1-19 9:28

*Dissociation*

JAN 23 2021

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VISUM OPTICAL 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:

HERNANDEZ CARVAJAL, CARLOS A

(Contact Person)

VISUM OPTICAL LLC

(Firm/Company)

1313 ST TROPEZ CIR #1516

(Address)

WESTON FLORIDA 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

HERNANDEZ CARVAJAL, CARLOS A

at (+1) 754 234 6145

(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2007 OCT 17 9:28  
TALLAHASSEE  
FLORIDA  
SECRET



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: VISUM OPTICAL LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000221081

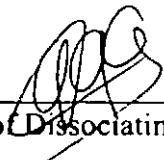
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/30/2020

4. I, HERNANDEZ CARVAJAL, CARLOS A, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(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)

20 DEC 1 11 09 AM  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE