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## **COVER LETTER**

	egistration Section • · · · · · · · · · · · · · · · · · ·			
SUBJECT	VISUM OPTICAL LLC	•		
3000.01		ed Liability Company)		
The enclos	sed Articles of Dissolution and fee(s) are submitted	ted for filing.		
Please retu	irn all correspondence concerning this matter to	the following:		
	HERNANDEZ CARVAJAL, CARLOS	4		
	(Nan	ne of Person)		
	VISUM OPTICAL LLC		20 S	
	(Fin	n/Company)		
	1313 ST TROPEZ CIR #1516		TAN E	
	(	Address)	7 P	
	WESTON FLORIDA 33326		PH 2: 0 OF STAT	
	(City/Sta	te and Zip Code)	FIE :06	
For further	information concerning this matter, please call:			
ŀ	IERNANDEZ CARVAJAL. CARLOS A	+1 754 234 6145		
	(Name of Person)	(Area Code & Daytime Telephor	ne Number)	
Enclosed is	a check for the following amount:			
<b>=</b> \$	25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Disse Certified Copy (additional copy is		
	Sailing Address:	Street Address:		
	legistration Section Division of Corporations	Registration Section Division of Corporations		
	O. Box 6327	The Centre of Tallahassee		
Т	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	bility company is			
VISUM OPTICAL LLC				
2. The Articles of Organizat		019	and assigned	·
document number L1900		<del></del>		
Note: If the date inserted i	e the dissolution if not effi ive date cannot be prior to or m n this block does not meet the fective date on the Departme	ne applicable statutory filin	ie aocument is receive	
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limits, (copy 605.0707 on back	ited liability company's cover letter).	dissolution pursua	nt to section
Funds not available to start t	he business		Si	20
Funds not available to start t	he business		CRETA	
Funds not available to start the	ne business		HASS	
N/A			EE. FI	   
5. If there are no members,	enter the name and addres	s of the person appointed	d to wind up the c	ompany's
activities and affairs:	N/A		<del></del>	
	N/A			
	N/A			
6. Signature of an authorize above to wind up the compar	d person or if there are no ny's activities and affairs:	members, the signature	of the person appo	ointed and listed
		HERNANDEZ CARV		
Signature		Printed Name		

FILING FEE: \$25.00