

Florida Department of State  
Division of Corporations  
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**L22 000503688**

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

From:  
Account Name : DORCEY LAW FIRM, PLC  
Account Number : 120230000134  
Phone : (239)418-0169  
Fax Number : (239)418-0048

LLC DISSOLUTION OR WITHDRAWAL  
ECCLES CUSTOM EYE SURGERY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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K. Brumley

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECCLES CUSTOM EYE SURGERY, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Scott  
\_\_\_\_\_  
(Name of Person)  
  
Dorcey Law Firm  
\_\_\_\_\_  
(Firm/Company)  
  
10181 Six Mile Cypress Pkwy, Suite C  
\_\_\_\_\_  
(Address)  
  
Fort Myers, FL 33966  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Scott at (239) 308-1073  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
ECCLES CUSTOM EYE SURGERY, LLC

2. The Articles of Organization were filed on 11/30/2022 and assigned  
document number L22000503688

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).  
The LLC was voluntarily dissolved by the consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

DocuSigned by  
Sarah Eccles-Brown  
E02603FFE47A4DC

Signature

Sarah E. Eccles-Brown

Printed Name

FILING FEE: \$25.00

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