

L23000445957

(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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DIVISION OF CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

R. HUNT

10/23/23

COVER LETTER

TO: Registration Section
Division of Corporations

Infinity Vision Optical Boutique LLC

SUBJECT: _____
(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:

Diego Pires

(Contact Person)

Infinity Vision Optical Boutique

(Firm/Company)

540 Carillon Pkwy

(Address)

Saint Petersburg-FL 33716

(City/State and Zip Code)

For further information concerning this matter, please call:

Diego Pires

908

696-3463

(Name of Contact Person) at (_____) _____
(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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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
Infinity Vision Optical Boutique LLC
of State is: _____

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

10/19/2023

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
Lucas Esposito

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR

(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)

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE