## 123000445957

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Basiness Elliky Hallie)						
(Document Number)						
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Contilled Copies Contilled to a Status						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

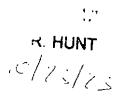
Office Use Only



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## **COVER LETTER**

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TO:	Registration Section					
	Divis	sion of Corporations				
		Infinity Vision Optical Boutique	e LLC			
SUB.	JECT:					
		(Name o	of Limited Liability	Company)	-	
The e	nclosed	l member, resignation or di	ssociation and fe	e(s) are submitted for filing.		
Please	e return	all correspondence concer	ning this matter	to:		
Diego	Pires					
		(Contact Person)				
Infinity	y Vision	Optical Boutique				
		(Firm/Company)	·	<del></del>		
540 Ca	arillon Pl	xwy			2023 OCT	
		(Address)		<del></del>	2 130	<u>ا</u> در
Saint F	etersbur	g-FL 33716			23 F	Ç. <u>.</u>
		(City/State and Zip Code)			PH 12: 40	(宋) (宋)
For fi	ırther ir	nformation concerning this	matter, please ca	11:	0 1	
Diego	Pires		908	696-3463		
			at (	)	-	
	(N	ame of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclo	sed ple	ase find a check made paya	able to the Florida	a Department of State for:		
	5 Filins			ing 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



## 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)

<b>ពេ</b> ប៊ាព	e limited liability company as	s it appears on the records of the Florida	a Department				
2. The Florida document/registration number assigned to this limited liability company is:  Lucas Esposito							
			2023				
3. The date this m Lucas Esposito	ember/manager withdrew/res	signed or will withdraw/resign is:					
4. I,		, hereby withdraw/resign as a					
AMBR	Name of Person Resigning)  (Print.Title)						
resignation in w	ability company and affirm th	ne limited liability company has been n	otified of my				
_	\$25.00 (Required) \$30.00 (Optional)		100 001 2				