

MO3 000003699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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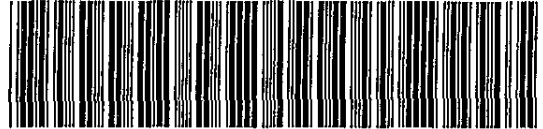
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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MO3-3699
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

2/25/04

SUBJECT: Laser Options USA LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M03000003699

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evert L. Foote
(Name of Person)

Laser Options USA LLC
(Name of Firm/Company)

P O Box 69
(Address)

Interlochen, MI 49643
(City/State and Zip Code)

For further information concerning this matter, please call:

Evert L. Foote or
Cynthia Vaughn at (231) 276-9007
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Laser Options USA LLC

(Name of limited liability company)

Lansing, Michigan

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

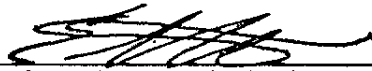
P.O. Box 69

(Mailing address)

Interlochen, MI 49643

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



2/25/04

(Signature of member or authorized representative of a member)

Evert L. Foote, Sole Member

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Filing Fee: \$25.00