## H030000+328

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Ellity Halle)
(Document Number)
(Document Number)
O-W-10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<b>.</b>
$\mathcal{O}(_{\mathcal{O}}\mathcal{M})$
\text{\chi} \cdot

Office Use Only



000082848040

01/03/07--01004--011 \*\*60.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Eye Care Practice Management, LLC
(Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allen D. Cope, Esq.
(Name of Person)
Dum 9 Farman II D
Burr & Forman LLP  (Firm/Company)
. , , , , , , , , , , , , , , , , , , ,
420 North 20th Street, Suite 3100
(Address)
420 North 20th Street, Suite 3100  (Address)  Birmingham, AL 35203 (City/State and Zip Code)
Birmingham, AL 35203 (City/State and Zip Code)
For further information concerning this matter, please call:
Allen D. Cope, Esq. at (205 ) 251-3000
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
S25 Filing Fee \$\int \\$30 Filing Fee & \$\int \\$55 Filing Fee & \int \\$360 Filing Fee, \int \\$60 Filing Fee, \\$
Certified Copy



January 5, 2007

ALLEN D. COPE ESQ. BURR & FORMAN LLP 420 NORTH 20TH STREET, STE. 3100 BIRMINGHAM, AL 35203

SUBJECT: EYE CARE PRACTICE MANAGEMENT, LLC

Ref. Number: M03000004328

We have received your document for EYE CARE PRACTICE MANAGEMENT, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 307A00001039

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

Eye Care Practice Management, LLC
(Name of limited liability company)
Alabama
(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.
2800 Ross Clark Circle (Mailing address)
Dothan, Alabama 36301-2017 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of phember or authorized representative of a member)  T. heuneth Walle, M.D.  (Typed or printed name of signee)

Filing Fee: \$25.00