

M08000002439

(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
DIVISION OF CORPORATIONS
14 OCT -1 PM 4:35

OCT 02 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perfect Vision, 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:

Pamela Kropf
(Name of Person)

Vision Service Plan
(Firm/Company)

3333 Quality dr. MS 163
(Address)

Rancho Cordova, CA 95670
(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Kropf at (916) 851-6249
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

~~\$25~~ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

PAMELA KROPF
VISION SERVICE PLAN
3333 QUALITY DRIVE, MS 163
RANCHO CORDOVA, CA 95670

SUBJECT: PERFECT VISION LLC
Ref. Number: M08000002439

We have received your document for PERFECT VISION LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 414A00019477

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Perfect Vision, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

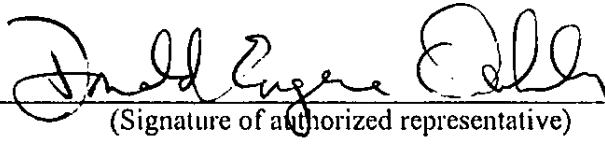
5-22-2008

(Date registered with Florida Department of State)

M08000002439

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Donald Eugene Oakley

(Typed or printed name of signee)

Filing Fee: \$25.00

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