M14000001192

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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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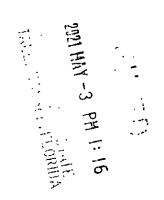




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COVER LETTER

Division of Corporations		
ST. JOHNS OPTICAL SYSTEMS, LL	.C	
(Name of Limit	ed Liability Co	ompany)
The enclosed member, resignation or dissocia	tion and fee	(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to	:
Paul N. Mascia, Esq.		
(Contact Person)		
Nardella & Nardella, PLLC		
(Firm/Company)		_
135 West Central Blvd., Suite 300		
(Address)		_
Orlando, FL, 32801		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call	:
Paul N. Masciam Esq.	407 at (966-2680
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ig 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)

1. The name of the	limited liability company as it appear	s on the records of the	Florida Department
of State is: ST. JO	OHNS OPTICAL SYSTEMS, LLC		·
2. The Florida docu	ument/registration number assigned to	this limited liability co	ompany is:
M14000001192			
3. The date this me	mber/manager withdrew/resigned or v	vill withdraw/resign is	May 5th, 2020
4. I, Entia, LLC	, her	eby withdraw/resign a	s a
	ame of rerson Resigning)		
Manager			
	(Print Title)		2021
of this limited lial	bility company and affirm the limited	liability company has	•
resignation in wr			
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Signature of Di	ssociating Member or Resigning Man	ager	= = -
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Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		