N10000008104

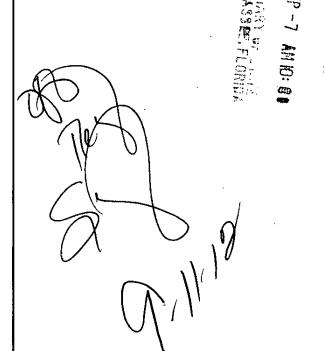
(Requestor's Name)					
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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9-5-12

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BROOKSVILLE VISION (BUNDANION) (Name of Corporation)

DOCUMENT NUMBER: NOODOOD 8 10 4

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emilio (Sonny) VERLARA

(Name of Person)

VALARA

(Name of Firm/Company)

SO75 WILTER RA

(Address)

City/State and Zip Code)

For further information concerning this matter, please call:

Rhiuo VRRGARA at (352) 279-0729
(Name of Person) at (352) 279-0729
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		_			
I, JONNY VER	ARA, he	reby resign as	DIRRO	TOR (tle)	
of BROOKSVILLE (Na					<u>}</u> ,
10000008104 (Document Number, if known)	, a corporatio	n organized under	r the laws of the	State of	
FLORIDA			,	212	
			7 29 603	2812 SEP -7	in the same
80	Virgin	A	E FLORID	AN IO: 8	
	(Signature of resig	ning officer/director)	·	(IC)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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