P0000057979

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: OPTIPOINT EYEWEAR, INC.
	(Name of Corporation)
DOC	UMENT NUMBER:P00000057979
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
THO	DMAS M. BIZZELL
	(Name of Person)
BIZZ	ZELL, NEFF & GALLOWAY, P.A.
	(Name of Firm/Company)
P.O	BOX 12346
	(Address)
PEN	ISACOLA, FL 32591
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
тно	MAS M. BIZZELL at (850 434-5574 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Idment Section Idm



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2007

THOMAS M. BIZZELL BIZZELL, NEFF & GALLOWAY, P.A. P.O. BOX 12346 PENSACOLA, FL 32591

SUBJECT: OPTIPOINT EYEWEAR, INC.

Ref. Number: P00000057979

We have received your document for OPTIPOINT EYEWEAR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The officer listed on the document does not reflect the registered agent on file.

THOMAS M. BIZZELL is listed as Vice-President if you wish to resign as officer/director please see the enclosed form.

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) 245-6964.

Letter Number: 807A00053454

Irene Albritton Document Specialist

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,THOMAS M. BIZZELL	, hereby resign as	(Title)
of_OPTIPOINT EYEWEAR, INC	C. me of Corporation)	,
P0000057979 (Document Number, if known)	, a corporation organized unde	er the laws of the State of
FLORIDA	 -	
<u>An</u>	- M By W (Signature of resigning officer/director	SECRETARY OF STATE DIVISION OF SEP 18 PM 3: 1

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