

PD20000028912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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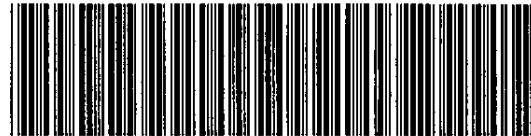
(Business Entity Name)

(Document Number)

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10 SEP 13 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIALEAH EYE CARE CORP.
(Name of Corporation)

DOCUMENT NUMBER: P02000028912

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

Please return all correspondence concerning this matter to the following:

JOSE MESA

(Name of Person)

HIALEAH EYE CARE CORP.

(Name of Firm/Company)

5370 PALM AVE STE 2

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE MESA

(Name of Person)

at (305) 335-0015

(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**

FILED
10 SEP 13 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DIEGO MESA, hereby resign as PRESIDENT
(Title)

of HIALEAH EYE CARE CORP.
(Name of Corporation)

P02000028912, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Diego Mesa
(Signature of resigning officer/director)

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