

P03D000012526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280068365

01/22/16-01004--004 **\$5.00

FILED
2016 JAN 22 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AD/RES

JAN 25 2016

I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunrise Eye Care Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000012526

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

Please return all correspondence concerning this matter to the following:

Dominic Rignotti
(Name of Person)

Sunrise Eye Care Inc
(Name of Firm/Company)

10020 Mansarin St
(Address)

Parkland, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

Dominic Rignotti at (754) 206-2031
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

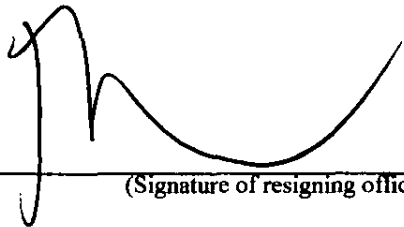
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dominic Riganthi, hereby resign as Treasurer
(Title)

of Sunrise Eye Care
(Name of Corporation)

P03000012526, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

FILED
2016 JAN 22 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA