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TO: Amendment Section
Division of Corporations

SUBJECT: DR. COOK'S EYE CARE CENTERS, INC.

DOCUMENT NUMBER: P10000045428

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald F. Perrin, Esq.

(Name of Contact Person)

DONALD F. PERRIN, P.A.

(Firm/Company)

Post Office Box 250

(Address)

Inverness, FL 34451-0250

(City/State and Zip Code)

For further information concerning this matter, please call:

Donald F. Perrin, Esq.

(Name of Contact Person)

at (352) 726-6767

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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Tallahassee, FL 32314

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