

P15000014859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/15/16--01012--004 **10.00

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TAMPA, FLORIDA
STATE OF FLORIDA
TAX REVENUE

OD/RES

MAR 16 2016

I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Eye Care Associates, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P15000014859

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

Please return all correspondence concerning this matter to the following:

Darcy Eberle
(Name of Person)

Family Eye Care Associates, P.A.
(Name of Firm/Company)

1417 Royal Grove Ln
(Address)

Port Orange, FL 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Lee at (954) 665-7358
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2016

DARCY EBERLE
FAMILY EYE CARE ASSOCIATES P.A.
1417 ROYAL GROVE LN
PORT ORANGE, FL 32129

SUBJECT: FAMILY EYE CARE ASSOCIATES P.A.
Ref. Number: P15000014859

We have received your document for FAMILY EYE CARE ASSOCIATES P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 716A00004361

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MAR 4 PM 2:27

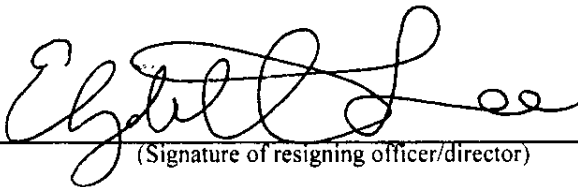
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Elizabeth Lee, hereby resign as Vice President (vp)
(Title)

of Family Eye Care Associates, P.A.
(Name of Corporation)

P15000014859, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
2016 MAR 14 AM 8:55
TALLAHASSEE, FL

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