Ware, Amber S.

Foley&LardnerLLP-JAX

Page 2 Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000261973 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FOLEY & LARDNER

Account Number : 072720000061

Fax Number

Phone : (904)359-2000 : (904)359-8700

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

El	Address:			

## REGISTERED AGENT RESIGNATION VISIONWORKS OF CENTRAL FLORIDA, INC.

Certificate of Status	0
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H16000261973 3

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	TECT: Visionworks of Central Florida, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P96000092341
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Ch	arles V. Hedrick
	(Name of Person)
F 8	& L Corp.
	(Name of Firm/Company)
On	e Independent Drive STE 1300
	(Address)
Jac	cksonville, Florida 32202
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Am	nber Ware <sub>at (</sub> 904 <sub>)</sub> 359-8768
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

H16000261973 3

## H16000261973 3

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti-	ons 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned,	F & L Corp.	<u>.</u>
	(Name of Registered Agent)	
hereby resigns as Registered Agen	Visionworks of Central Flori	da, Inc.
	(Name of Corporation)	
P96000092341		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last kno	own address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date	on which
Charles	(Signature of Resigning Agent)	2012
	(Signature of Resigning Agent)	55 8 m
If signing on behalf of an entity:		THE BELLEVE AND OFFICE
Charles V.		
<u> </u>	(Typed or Printed Name)	는 51 6: 51
		<b>三型型 5</b>
Authorized	l Signatory	-
<del></del>	(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314