Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BROAD AND CASSEL - MIAMI OFFI

Account Number : I20100000375 : (305)373-9419 Phone Fax Number : (305)373-9443

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

Email Address:

REGISTERED AGENT RESIGNATION EYE CARE SERVICES OF AMERCIA, INC.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2). 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned	BROAD AND CASSEL ATTORNEYS AT LAW	
,	(Name of Registered Agent)	
hereby resigns as Registered Agen	, for EYE CARE SERVICES OF AMERICA, INC.	
Moreon representation of representations	(Name of Corporation)	
P97000062990		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which	
If signing on behalf of an entity:		
Mike Sega	(Typed or Printed Name)	ال ا
Partner	SEE, F	
	(Capacity)	چ

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withdrawn corporation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