P97000077606

(Re	equestor's Name)	
(Ac	ddress)	
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: Ocular Insight Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P97000077606
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Mar	k Levin
	(Name of Person)
Oct	ılar Insight Inc.
	(Name of Firm/Company)
981	2 Falls Road, Suite 114-198
	(Address)
Pot	omac, MD 20854
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Marl	(Name of Person) at (240) 876-5388 (Area Code & Daytime Telephone Number)
_	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Indiment Section Ison of Corporations In Building Executive Center Circle That Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	TOR RESIGNATION PAIR SEP 14 PAIR 37
I, Neil Glachman	_, hereby resign as President
of Ocular Insight Inc.	
P9700077606 (Name of Corporation (Name of Corporation), a corporation (Document Number, if known)	oration organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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