

No 5000003959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

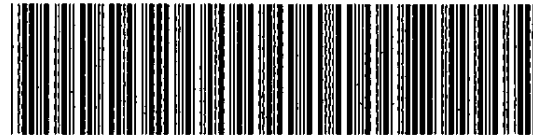
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200131226662

06/17/08--01025--016 \*\*30.00

08 JUN 17 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Bl. Thomas JUN 18 2008

MST

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sands Point Medical Rehab LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randolph Rosarion  
(Name of Person)

Sands Point Medical Rehab  
(Firm/Company)

40-24 76th Street Suite 1B  
(Address)

Elmhurst, NY 11373  
(City/State and Zip Code)

FILED  
08 JUN 17 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Randolph Rosarion at (718) 205-9020  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANACT BUSINESS IN  
FLORIDA**

Sands Point Medical Rehab, LLC  
(Name of limited liability company)

New York  
(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

40-24 76th Street Suite 1B  
(Mailing address)

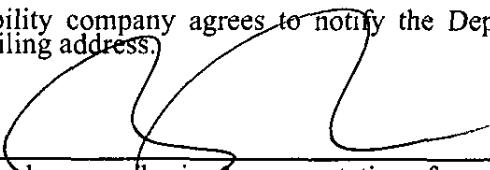
Elmhurst, N.Y. 11373  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUN 17 AM 10:34

FILED

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of member or authorized representative of a member)

Randolph Rosario  
(Typed or printed name of signee)

Filing Fee: \$25.00