

P1100000 242 03

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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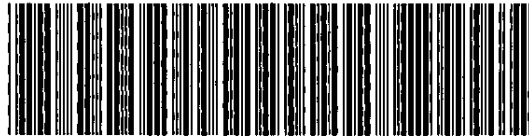
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 AUG 16 PM 12:26

Off/Dir Resign

AUG 17 2012

T. CAULEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rehab SWFL, Inc. / Rehab Club
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Audri Graham

(Name of Person)

Rehab SWFL Inc. / Rehab Club

(Name of Firm/Company)

3580 Evans Ave

(Address)

Fort Myers, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Audri Graham

(Name of Person)

at (239) 821-1343

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 16 PM 12: 26

I, Audri Graham, hereby resign as President
(Title)

of Rehab SWFL Inc
(Name of Corporation)

P110000024203, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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