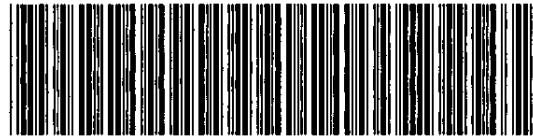


A0400000111



100295116061

100295116061
02/13/17--01021--022 **25.00

03/09/17--01003--001 **27.50

FILED
17 MAR -7 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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

D. SCOTT
MAR. 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omni Rehab Services, LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A04000000111

The enclosed Statement of Dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Precioso Timonera

(Contact Person)

Omni Rehab Services, LLLP

(Firm/Company)

1350 Tennessee Avenue, Suite D

(Address)

St Cloud, Fl 34769

(City, State and Zip Code)

For further information concerning this matter, please call:

Precioso Timonera

(Name of Contact Person)

at (407) 346-6915

(Area Code and Daytime Telephone Number)

\$52.50 Filing Fee

\$105.00 Filing Fee and Certified Copy.

STREET ADDRESS:

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

MAILING ADDRESS:

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

CR2E118 (01/06)

17 MAR -7 PM 2:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF DISSOCIATION
FOR
GENERAL PARTNER
OF
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

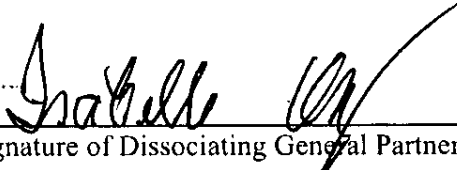
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

Omni Rehab Services, LLLP

2. The name of the dissociating general partner is:

Isabelle Ong



Signature of Dissociating General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50

FILED
17 MAR - 7 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA