

A9400000277
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001713433)))



H180001713433ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 238-0845

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

Email Address: _____

RECEIVED

18 JUN 12 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION
DHS REHABILITATION, LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

PLEASE HONOR ORIGINAL SUBMISSION DATE OF 6/6/18

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 11 2018
J. HARRIS

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

CT CORPORATION SYSTEM

Name of Registered Agent

, hereby resigns as

Registered Agent for DHS REHABILITATION, LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

A94000000277

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

CT CORPORATION SYSTEM

Typed or Printed Name

Assistant Secretary

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

FILED
2018 JUN -7 AM 8:01
TALLAHASSEE FLORIDA