



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2012

FLORIDA THERAPY CENTER OF MELBOURNE, LLC  
1698 WEST HIBISCUS BLVD  
SUITE A  
MELBOURNE, FL 32901 US

SUBJECT: FLORIDA THERAPY CENTER OF MELBOURNE, LLC  
Ref. Number: L02000012117

200239563622

Debit Memo #: 00154-E

Due to your failure to respond to our previous letter advising you of the attached returned check #9106, the 2012 annual report for FLORIDA THERAPY CENTER OF MELBOURNE, LLC has been cancelled and is considered not filed as of September 11, 2012.

Please note: Due to this cancellation, you will be required to re-file the annual report online at [www.sunbiz.org](http://www.sunbiz.org).

Sections 608.4481 and 608.513, Florida Statutes, requires us to give notice of our intent to administratively dissolve a Florida limited liability company or revoke the authority to transact business of a foreign limited liability company for failure to file the annual report and pay the filing fee. Consider this your notice if the annual report is not filed and payment is not received, your limited liability company will be administratively dissolved or revoked on the fourth Friday in September and a reinstatement fee of an additional \$100 will be imposed.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely  
Michelle Milligan  
Administrative Assistant II  
Division of Corporations

Letter Number: 412A00022856



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2012

FLORIDA THERAPY CENTER OF MELBOURNE, LLC  
1698 WEST HIBISCUS BLVD  
SUITE A  
MELBOURNE, FL 32901 US

SUBJECT: FLORIDA THERAPY CENTER OF MELBOURNE, LLC  
Ref. Number: L02000012117

Debit Memo #: 00154-E

This is to inform you that your check #9106 dated June 21, 2012 in the amount of \$538.75 submitted with the annual report for FLORIDA THERAPY CENTER OF MELBOURNE, LLC has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

As this payment cannot be replaced from our website and we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$565.69 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: This annual report will be cancelled and considered not filed unless a replacement check is received within 30 days from the date of this letter. If the annual report is cancelled for non-payment, you will be required to re-file the annual report online at [www.sunbiz.org](http://www.sunbiz.org). Send the replacement check to:

Division of Corporations  
Attn: Michelle Milligan  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely,  
Michelle Milligan  
Administrative Assistant II  
Division of Corporations

Letter number: 212A00019602

*Handwritten signature/initials*