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	(Document Number)
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TRANSMITTAL LETTER

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INAIN	SMILLYD DELLE	<u> </u>	
TO: Amendment Section Division of Corporations	• '		FILED
SUBJECT: ARTICLES	OF D1550	LUTION	TALLANA SESTA
	00008810		
The enclosed Articles of Dissolution and	fee are submitted for	r filing.	
Please return all correspondence concernir	ng this matter to the t	following:	
LUIS ROOK	PIBUEZ Person)		
REHABILITATIO	DN, ROVI DO Firm/Company)	RS LLC	
3368 St	IMMERLAND	HILLS La	DP
NEHHOINTHITIC (Name of 3368 De LAKELAND (City)	(Address) , FL 33	3813	
(City/	State/and Zip Code)		
For further information concerning this ma	atter, please call:		
LUIS RONGIGUEZ (Name of Person)	at (<u>863</u> (Area Code) & Daytime Telep	hone Number)
Enclosed is a check for the following amou	unt:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate	e of Status & Copy al copy is
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRE Amendment Sect Division of Corpo 409 E. Gaines Str	ion orations

Tallahassee, Florida 32399

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

2005 JUL 27 P 3: 45

TALLATINS FOR FINANCIA

May 11, 2005

LUIS RODRIGUEZ 3368 SUMMERLAND HILLS LOOP LAKELAND, FL 33813

SUBJECT: REHABILITATION, PROVIDERS LLC

Ref. Number: L04000088707

We have received your document for REHABILITATION, PROVIDERS LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 305A00033788

Agnes Lunt Document Specialist

TRANSMITTAL LETTER

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TO: Registration Division of C			2005 JUL 27 P 3: 45
SUBJECT:	REHABILITATIO (Name of	N. PROVIDERS Limited Liability Company)	LLCALLARINGER PLORIDA
The enclosed Articles	of Dissolution and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	LU REHABILITA 3368 SI	(Firm/Company)	KEZ RS LLC MUS LOOP
	LAKELA,	VD FL 3.	<u> 3813</u>
For further information	n concerning this matter, please of Name of Person)	Z_at(<u>863)</u> 6	48-0675 Lytime Telephone Number)
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

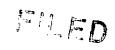
Certified Copy

(additional copy is enclosed)

(additional copy is enclosed)

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

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY 7005 JUL 27 P 3: 45



1. The name of the limited liability company is
1. The name of the limited liability company is
REHABILITATION, PROVIDERS LAC
2. The date the dissolution was approved: 01/01/2005.
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
WE DECIDED NOT TO DO ANY BUSINESS
WITH THIS LLC. WE DECIDED NOT TO
WORK TOGETHER.
4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
6. CHECK ONE: There are no suits pending against the company in any court.
-OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Typed or Printed name X Lu S Muccaira
x wesley PAVL

Filing Fee: \$25.00