

L05000026997

Home Therapy, LLC
1243 Main St. Suite 502
Sarasota, FL 34236

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

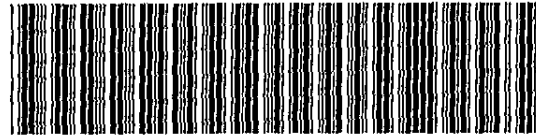
(Business Entity Name)

(Document Number)

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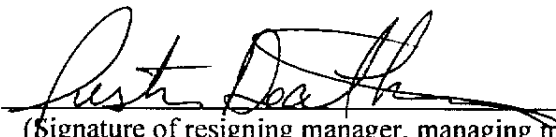
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Justin Deatherage, hereby resign as Manager
(Title)

of Home Therapy, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

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