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Florida Department of State
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Account Name : AIA REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866)703-8828
Fax Number : (561)202-8082

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LLC REGISTERED AGENT RESIGNATION
VEHAB REHAB COMPANY, LLC

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC., hereby resigns as
Name of Registered Agent

Registered Agent for VEHAB REHAB COMPANY, LLC
Name of Limited Liability Company

L06000021490
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKI
Typed or Printed Name

PRESIDENT
Capacity

FILING FEES:
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

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