

03/11/2010 09:32

850-245-6030

REGISTRATION SECTION

PAGE 03/04

MAR-10-2010 01:42P FROM: AIA REGISTERED AGENT I (561) 202-8082

TO: 1650-176383

P.1

L06000021490

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.

(((H10000055029 3)))



H100000550293ABQW

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) 617-6383

From:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 10 AM 9:45

FILED

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
VEHAB REHAB COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

RECEIVED

10 MAR 10 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

TB

MAR 11 2010

MAR-10-2010 01:40P FROM:A1A REGISTERED AGENT I (561) 202-8082

TO:18506176383

P.2

H100000550293

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

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

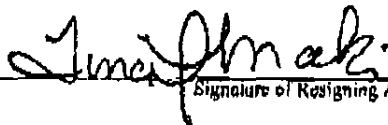
Name of Limited Liability Company

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withdrawn limited liability companyMake checks payable to Florida Department of State and mail to: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

H100000550293

FILED
2010 MAR 10 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA