

LO7000022517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

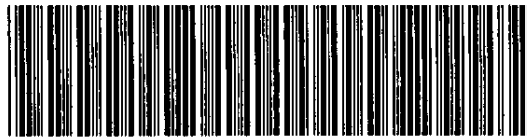
(Business Entity Name)

(Document Number)

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THE DEPARTMENT OF STATE
WASHINGTON, D. C. 20520

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J. SAULSBERRY
EXAMINER

JAN 24 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Neurological, Pain & Rehabilitation Institute, LLC
(Name of Corporation)

DOCUMENT NUMBER: L07000022517

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian E. Langford, as Successor Personal Representative
for Estate of Eugene C. Langford
(Name of Person)

Langford & Myers, P.A.
(Name of Firm/Company)

1715 West Cleveland Street
(Address)

Tampa, FL 33606
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian E. Langford at (813) 251-5533
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, E. C. Langford

(Name of Registered Agent)

hereby resigns as Registered Agent for Neurological, Pain & Rehabilitation Institute, LLC

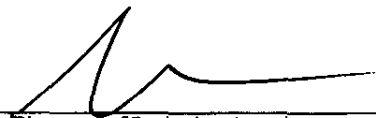
(Name of Corporation)

L07000022517

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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)

Brian E. Langford, as Successor Personal Representative of the Estate of Eugene C. Langford

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

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