## LD 7000061749

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(Address)	_
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Registration Section of Co				
SUBJI	CT: Rehab	Engineering Race Ca			
		(Name of Limite	ed Liability Company)		
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please	return all corresp	ondence concerning this matt	er to the following:		
	William L.	Manfull			
		(	Name of Person)		
•			(Firm/Company)		
	2400 90th	Street N.W.			
·			(Address)		
	Bradentor	ı, Florida 34209			
•		(City	/State and Zip Code)	97	VIO.
For fur	her information	concerning this matter, please	call:	7 7 20 - 23 7 Selephone Number) 2:	IS NOISI
Willia	m L. Manful	11	at (941 ) -720-881	7 720-887 I	F COF
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)	8097 5048
Enclos	ed is a check fo	or the following amount:		03	RETARY OF STATE N OF CORPORATIONS
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manage "MGRM" = Mana		Name and Address:
MGR		William L. Manfull
		2400 90th Street N.W.
		Bradenton, Florida 34209
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		V.
<u> </u>		n
<del></del>		
		_
(Use attachment if	• .	Late of filing.
LE V: Effective da ffective date is listed days after the dat	ate, if other than the ded, the date must be te of filing.)	late of filing: (OPTION specific and cannot be more than five business d
LE V: Effective da ffective date is listed days after the dat	ate, if other than the ded, the date must be te of filing.)	late of filing: (OPTIO
LE V: Effective date is listed days after the days	ate, if other than the ded, the date must be te of filing.)  NATURE:	late of filing: (OPTIO
LE V: Effective date is listed days after the days	ate, if other than the ded, the date must be te of filing.)  NATURE:  Signature of a member (In accordance with section of this document constitution that the facts stated here.)	ate of filing: (OPTION specific and cannot be more than five business do or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
LE V: Effective date is listed days after the days	ate, if other than the ded, the date must be te of filing.)  NATURE:  Signature of a member (In accordance with section of this document constitution that the facts stated here.)	ate of filing: (OPTION specific and cannot be more than five business do or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)