## L090000994443

(Re	equestor's Name)	<del></del>
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	. MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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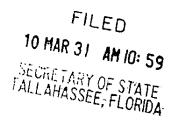
SECRETARY OF STATE

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LIFESPAN REHABILITAT (Name of Limited Liability Co.)	ompany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
TIMOTHY E. RICHARDS, JR. (Contact Person)	_
LIFESPAN REHABILITATION LLC (Firm/Company)	<u>~</u>
5083 4th Lane (Address)	<del></del>
Vero Beach FL 32968 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please call	:
TIMOTHY E. Richards, J2 at (772 (Name of Contact Person) (Area Cod	6 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
CR2E079 (5/06)	





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it appears on the records of the Florida Departments REHABILITATION LLC	ent 
	y company was organized under the laws of:	
3. The Florida docum	ent/registration number of this limited liability company is:	
	C. Gaugh Ran, hereby resign as a MGRM (Print Title)  ity company and affirm the limited liability company has been notified of range.	- ny
Signature of Resign	ing Member, Managing Member or Manager	
Filing Fee: Certified Copy:		