

L100000040118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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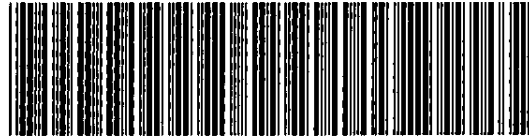
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24 AUG 31 PM 1:07  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

TO: Amendment Section  
Division of Corporations

SUBJECT: St. Augustine Physical Medicine, LLC

DOCUMENT NUMBER: G09000158842

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Solano, D.C.  
1100 S. Ponce de Leon Blvd., Ste 3A  
St. Augustine FL 32084  
E-mail address (to be used for future annual report notification): solchiro@hotmail.com

For further information concerning this matter, please call:

James Solano at (904) 429.7071

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, Luke Law, LLC, hereby resigns as Registered Agent for St. Augustine Physical Medicine, LLC.

Document Number: ~~G09000158842~~

LID000040118

A copy of this resignation was mailed to the above-named 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.



8.24.11

Gary L. Luke  
Luke Law, LLC  
Managing Member  
1409 Kingsley Ave., Bldg 9E  
Orange Park, FL 32073

**FILED**  
14 AUG 31 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA