

Division of Corporations

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L10000045205

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : 120070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3099

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A & B THERAPY CENTER LLC

Certificate of Status	0
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D. BRUCE

MAY 16 2012

EXAMINER

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H120001315463

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A & B THERAPY CENTER LLC
2. This limited liability company was organized under the laws of:
MIAMI DADE
3. The Florida document/registration number of this limited liability company is:
L10000045205
4. I, OMAR CELESTRIN, hereby resign as a MGR
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in cursive script, appearing to read "Omar Celestrin", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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