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D. BRUCE

DEC 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REHABQUEST THERAPY SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADONIS P DELA CRUZ

Name of Person

REHABQUEST THERAPY SERVICES, LLC

Firm/Company

8911 NORTH RIVER ROAD

Address

TAMPA, FL 33635

City/State and Zip Code

REHABQUEST@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADONIS P DELA CRUZ

Name of Person

at (813)

679-8441

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

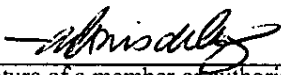
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADONIS P DELA CRUZ	8911 NORTH RIVER ROAD TAMPA, FL 33635	☐ Add ☒ Remove
MGRM	ADONIS P DELA CRUZ	8911 NORTH RIVER ROAD TAMPA, FL 33635	☒ Add ☐ Remove
MGRM	LENIE V DELA CRUZ	8911 NORTH RIVER ROAD TAMPA FL 33635	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 18, 2010


Signature of a member or authorized representative of a member

ADONIS DELA CRUZ

Typed or printed name of signee

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