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10 NOV 22 PM IN INC. SIGNAL OF STATE

D. BRUCE

NOV 23 2010

**EXAMINER** 

## **COVER LETTER**

SUBJECT: TAMPA REHAB CENTER, (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Linda RicT Veld (Contact Person)  PO BOY 10093
Please return all correspondence concerning this matter to:  Linda RicT Veld
Linda Riet Veld
POBOX 10093
PO BOX 10093
(Firm/Lomnany)
TAMPA FL 33679  (Address)  Address)
(City/State and Zip Code) .
For further information concerning this matter, please call:
(Name of Contact Person) at (B13) 420 - 7555 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 li	mited liability co	ompany as it appear	s on the records of th	e Florida Depar	tment
of State is:	AMPA	REHAB	CENTER	W	·
2. This limited liabili	ty company was	organized under th	e laws of:		
40000	3/0202	. 8	ited liability company		
4. I, Javier L					
of this limited liabi resignation in writi		d affirm the limited	liability company ha	s been notified o	of my
CSV.					
Signature of Resign	ning Member, M	lanaging Member o	r Manager	O NOV 22 ECHETAR LLAHASS	CONT. IN ARIA
Filing Fee:	\$25.00 (Requi	red)	3	<u> </u>	22 Medicanics
Certified Copy:	\$30.00 (Option	nal)		PM IN 14  OF STATE E. FLORID	