11100000 4823

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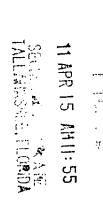
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N. CAUSSEAUX

APR 15 2011

EXAMINER



COVER LETTER

TO: Registration S				
CID IECT.	QUALITY A	UTO REHAB, LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	M	ANUEL A MARTINEZ Name of Person		
		Name of Person		
QUALITY AUTO REHAB, LLC				
		Firm/Company		
		215 E SLIGH AVE		
	· · · · · · · · · · · · · · · · · · ·	Address		
		TAMPA, FL 33604		
		City/State and Zip Code		
	QUA	LITY215@GMAIL.COM	•	
	E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please of	call:		
MANL	IEL A MARTINEZ	at(813)	644-6805	
Name	of Person	Area Code & Daytin	me Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee		\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis P.O. E	LING ADDRESS: tration Section ion of Corporations 30x 6327 trassee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2011

MANUEL A MARTINEZ QUALITY AUTO REHAB, LLC 215 E SLIGH AVE TAMPA, FL 33604

SUBJECT: QUALITY AUTO REHAB, LLC

Ref. Number: L11000004823

We have received your document for QUALITY AUTO REHAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can't file amendment for this company because it voluntarly dissolved on 03/31/2011

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 411A00008452

Joey Bryan Regulatory Specialist II

www.sunbiz.org

QUALITY AUTO REHAB, LLC 215 E SLIGH AVE., TAMPA, FL 33604 813-644-6805 813-644-6875 QUALITY215@GMAIL.COM

FAX

To: NAENETTE	Pages: 4 (Including fax cover sheet)
Fax: 850-245-6030	
Date: 4/15/2011	l
Re: ARTILCES OF AMMENDMENT	X Urgent X For Review Please Comment Please Reply
From: MANUEL A MARTINEZ	Please Recycle
Fax: 813-644-6875	
Phone: 813-644-6805	1
Cc:	
Comments:	1
Attached you'll find the application to amend the articles of Organization of a Florida Limited Liability Company. The application is on behalf of Quality Auto Rehab, LLC. This corporation has funds held by the Division of Corporations. Please refer to those fees to cover the expenses incurred by this application. Thank you.	

50 1 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QU	ALITY AUTO	O REHAB, LLO		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited	A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document numberL1100000		were filed on	01/11/2011	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here	<u>i</u> :	
,	N/A			
The new name must be distinguishable and end w. "L.L.C."	ith the words "Lim	ited Liability Compar	ny," the designation "	LLC" or the abbreviat
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREI	ET ADDRESS)			<u> </u>
			-	2 2 1
			, i	្ំំ ហ៊
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)	•		
				調子 5 5
				3-
B. If amending the registered agent and registered agent and/or the new registered o	or registered of ffice address her	fice address on or e:	ur records, <u>enter</u>	the name of the n
Name of New Registered Agent:	JUAN M IZO	QUIERDO		
New Registered Office Address:	215 E SLIG	H AVE		
	· · · · · · · · · · · · · · · · · · ·	Ente	er Florida street add	dress
		TAMPA	, Florida	33614
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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:

M&R ≒ Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	RIETVELD, LINDA	PO BOX 10093 TAMPA FL 33679	Add ☑ Remove
MGR_	GARCIA, ALBERTO	7322 LAS PALMAS CT. APT 203 TAMPA FL 33634	Add Remove
MGRM	MARTINEZ, MANUEL A	215 E SLIGH AVE TAMPA FI 33604	Add Remove
MGR_	IZQUIERDO, JUAN M	215 E SLIGH AVE TAMPA, FL 33604	Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary:)	PR TI
	·		- 1
Dated	Signature of a member	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00