

L11000006688 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 MAY 23 PM 2:01

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B. BOSTICK

MAY 24 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Injury and Rehabilitation Clinics LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000006688

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:

Christopher Catalfo
Name of Person

Name of Firm/Company

1403 W Colonial Dr
Address

Orlando, FL 32804
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (Area Code & Daytime Telephone Number)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
12 MAY 23 PM 2:01
TALLAHASSEE, FLORIDA

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,

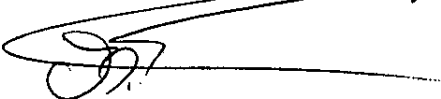
Thomas Biehler, hereby resigns as
Name of Registered Agent

Registered Agent for All Injury and Rehabilitation Clinics LLC
Name of Limited Liability Company

L11000006688
Document Number, if known

A copy of this resignation was mailed to the above listed 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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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12 MAY 23 PM 2:01

FILING FEES:

~~\$ 85.00~~ Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2012

CHRISTOPHER CATALFO
1403 W. COLONIAL DRIVE
ORLANDO, FL 32804

SUBJECT: ALL INJURY AND REHABILITATION CLINICS, LLC
Ref. Number: L11000006688

We have received your document for ALL INJURY AND REHABILITATION CLINICS, 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):

The total amount due is \$85.00.

There is a balance due of \$60.00.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 812A00013920