

L11000021555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

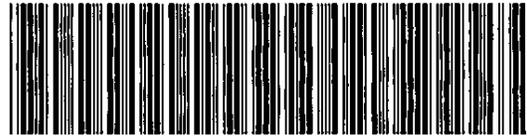
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500254778325

12/17/13--01016--014 **25.00

FILED
2013 DEC 17 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2013

T. HAMPTON

• COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.L.C. PHYSICAL THERAPY, LLC
(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:

DANIELA MOORE or DIANA GARRIDO
(Contact Person)

605 N.W. 24th AVE / 2401 N.W. 5th STREET
(Address)

BOYNTON BEACH, FL, 33426
(City, State and Zip Code)

For further information concerning this matter, please call:

DANIELA MOORE at 347, 200 8063
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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: T.L.C. PHYSICAL THERAPY

2. This limited liability company was organized under the laws of: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION
L11000021555 Florida

3. The Florida document/registration number of this limited liability company is:

EIN # L11000021555

4. I, Daniela Moore, hereby resign as a OWNER/PARTNER
(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.

Daniela Moore, P

Signature of Resigning Member, Managing Member or Manager

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

FILED
2013 DEC 17 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA