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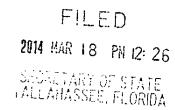
ALLAHASSEE, FLOREN

·· COVER LETTER 🚁 👍

TO: Registration Section Division of Corporations	
SUBJECT: Performance Therapy@, LLC	>
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Kent C. Knisley	
(Contact Person)	
Performance Therapy@, LLC	
(Firm/Company)	
3334 Capital Medical Blvd., suite 300	
(Address)	
Tallahassee, FL 32308	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Cecile Baker	850 8778855
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$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

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Perfe	ormance Therapy@, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1100	0090194
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Brett Bascon	
Manager	
	(Print Title)
resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)