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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

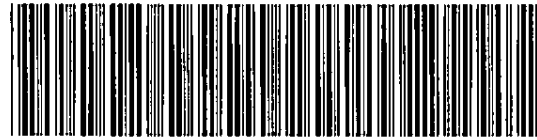
(Business Entity Name)

(Document Number)

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17 DEC 29 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEST PALM BEACH CHIRO-REHAB LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SCOTT E ITKIN

(Contact Person)

PENGUIN TAX INC

(Firm/Company)

12401 ORANGE DRIVE STE 222

(Address)

DAVIE, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT E ITKIN

(Name of Contact Person)

at ( 954 ) 458-2000

(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

**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: WEST PALM BEACH CHIRO-REHAB LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000157545

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/4/2017

4. I, WILLIAM VANDERBROOK DC PA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

17 DEC 29 AM 11:32  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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