

From: William Lezenby
9/7/2016

Fax: (727) 362-6151

To:

Fax: +1 (850) 6176383
Division of Corporations

Page 1 of 2 09/07/2016 3:27 PM

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ELLISON LAZENBY PLLC
Account Number : I20150000059
Phone : (727) 362-6151
Fax Number : (727) 362-6131

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: admin@elattorneys.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA MOBILE REHAB LLC**

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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: FLORIDA MOBILE REHAB LLC, a Florida limited liability company
2. The Florida document/registration number assigned to this limited liability company is:
L13000135737
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 16, 2016
4. I, EDUARDO PEREZ FIGUEROA, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member and Member
(Print Title)

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



Signature of Dissociating Member or Resigning ManagerFiling Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)2016 SEP -7 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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