

L13000155812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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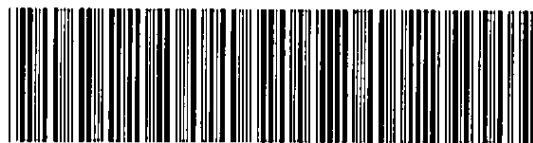
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 AUG -9 A M 38

FILED

T. LEMUEUX

AUG 14 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Institute for Physical Rehabilitations, PLLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000155812

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:

Bertha Burruezo, Esq.

\_\_\_\_\_  
Name of Person

Burruezo & Burruezo PLLC

\_\_\_\_\_  
Name of Firm/Company

941 Lake Baldwin Lane, Ste. 102

\_\_\_\_\_  
Address

Orlando, FL 32814

\_\_\_\_\_  
City/State and Zip Code

bertha@burruezolaw.com

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

For further information concerning this matter, please call:

Bertha Burruezo, Esq.

\_\_\_\_\_  
Name of Person

at ( 407 ) 754-2904

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Burruezo Law Firm, PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Florida Institute for Physical Rehabilitation, PLLC

Name of Limited Liability Company

L13000155812

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:

Bertha Burruezo

Typed or Printed Name

Managing Shareholder

Capacity

FILED  
2019 AUG - 9 A 10 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **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