

216000031763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

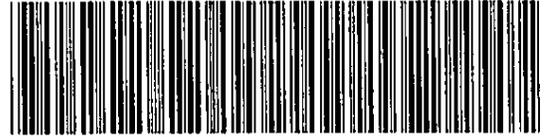
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900303918919

09/29/17--01010--017 \*\*25.00

17 SEP 28 AM 8:49  
Filing Office

OCT 0 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Encompass Performance and 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:

Samuel A. Houghton  
(Contact Person)

HoughtonPA  
(Firm/Company)

625 E. Lime Street Suite 1  
(Address)

Lakeland, Florida 33801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel A. Houghton at ( 863 ) 899-2671  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

17 SEP 29 AM 8:49  
RECEIVED  
REGISTRATION SECTION

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: Encompass Performance and Rehab, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000031763

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/22/17

4. I, Roberto Alex Mendez, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member and Manager

*(Print Title)*

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

 9/26/17

Signature of Dissociating Member or Resigning Manager

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