47000029093

| (Re | equestor's Name) |
|-------------------------|------------------------|
| (Ad | ddress) |
| (Ad | ddress) |
| (Cil | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | usiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | |
| | Office Use Only |



200303811472

09/26/17--01014--016 **55.00

2011 SEP 26 PK 4: 40

K SALY SEP 27 D./

COVER LETTER

| _ | stration Section sion of Corporations | | |
|---|---------------------------------------|-----------------------|--|
| SUBJECT: | Rebound Institute Holding | | |
| | (Name of I | Limited Liability Cor | mpany) |
| The enclosed | d member, resignation or disse | ociation and fee(s | e) are submitted for filing. |
| Please return | all correspondence concerni | ng this matter to: | |
| Richard Os | trovsky | | |
| | (Contact Person) | | _ |
| | (Firm/Company) | | - |
| 10036 EI C | aballo Ct | | |
| | (Address) | | - |
| Delray Bea | ch, FL 33446 | | |
| | (City/State and Zip Code) | | _ |
| For further in | nformation concerning this ma | atter, please call: | |
| Richard Os | trovsky | 561 | 7153687 |
| (N | ame of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed ple ☐ \$25 Filing | ase find a check made payabl g Fee | | Department of State for: g Fee & Certified Copy |
| STREET/Co Registration Division of C Clifton Build | Corporations | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| 2661 Execut | ive Center Circle Florida 32301 | | 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)

| The name of the limited liability company as it appears on the records of the Florida Department of State is: Rebound Institute Holdings, LLC | | | | | |
|--|---|--------------------|--|--|--|
| 2. The Florida doct | cument/registration number assigned to this limited liability co | ompany is: | | | |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: | 9/19/2017 | | | |
| 4. I, Richard Ostr | | | | | |
| Manager | | | | | |
| | (Print Title) | | | | |
| of this limited lia resignation in wr Kulll | ability company and affirm the limited liability company has briting. | een notified of my | | | |
| Signature of Di | Dissociating Member or Resigning Manager | | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |