# 217000029093

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(A	Address)	
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## COVER LETTER

Division of Corporations		
SUBJECT: REBOUND TUSTITUTE 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:		
Michael Rowe (Contact Person)		
Positive Impact (Firm/Company)		
68 South main Smeet		
(Address)  CRANBURY N-J . 08512  (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Rowe at (609) 395-1972  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim\$ \$\\$25\$ 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

CR2E079 (2/14)

TO:

**Registration Section** 



### 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)

_	limited liability company as it appears on the records of the Florida Department
	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 1017
4. I. Michael (Prim No	hereby withdraw/resign as a final me of Person Resigning)
Member	CEO Print Title)  All SE
of this limited liab resignation in wri	oility company and affirm the limited liability company has bear notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)