

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : TRENAN, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 227-0435 19-2585/RAE

P.A.

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

Email Address: _____

2019 SEP 30 PM 3:30

APPROVED
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2019 SEP 30 AM 11:08

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE REHAB CONSULTANT, LLC**

Certificate of Status	0
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OCT 01 2019



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: The Rehab Consultant, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000286631

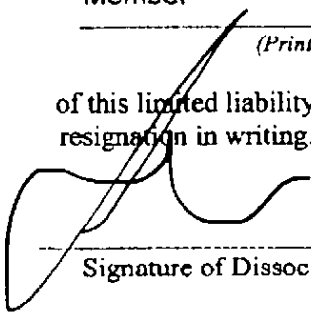
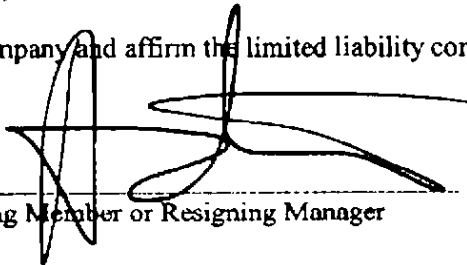
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/27/2019

4. I, Jason Hunter, hereby withdraw/resign as a
(Print Name of Person Resigning)

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 Manager

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