

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WILLIAMS REHABBING, LLC**

Certificate of Status	0
Certified Copy	0
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00:00:00 2019 APR 16 PM 5:32

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4/17/19




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: WILLIAMS REHABBING, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L19000089996
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/10/19
4. I, CHRISTOPHER SEVILLE, hereby withdraw/resign as a
(Print Name of Person Resigning)
MBR
(Print Title)

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FILED
TALLAHASSEE, FLORIDA

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)