

K21000517322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

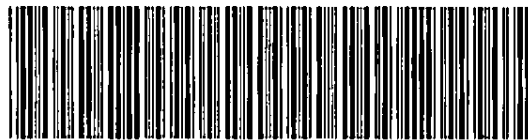
(Business Entity Name)

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**SECRETARY OF STATE
TALLAHASSEE, FL**

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**FEB 15 2022
ALBRITTON**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REHAB RESCUE PRODUCTION, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Robinson

Name of Person

REHAB RESCUE PRODUCTION, LLC

Firm/Company

421 E ROBINSON ST

Address

ORLANDO, FL 32801

City/State and Zip Code

oneorlandopro@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Robinson

614

425-5084

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

