

L22 000 355805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

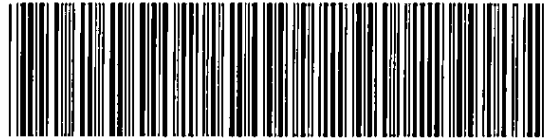
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MDR REHAB GROUP, PLLC

\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN H RUSSELL

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2210 FRONT STREET, SUITE 203

\_\_\_\_\_  
(Address)

MELBOURNE, FLORIDA 32901

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN RUSSELL

\_\_\_\_\_  
(Name of Person)

321 2661212

at ( )

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)


**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

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TALLAHASSEE, FLORIDA

-   
Signature

**FILING FEE: \$25.00**