

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M1700004163

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To:

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

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
 Account Number : I20100000062  
 Phone : (888)705-7274  
 Fax Number : (888)706-7274

**\*\*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 REGISTERED AGENT RESIGNATION  
 AGILITY HEALTH REHABILITATION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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Corporate Filing Menu

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K. Brumbley

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AGILITY HEALTH REHABILITATION, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: M17000004163

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo  
Name of Person

Registered Agent Solutions, Inc.  
Name of Firm/Company

Corporate Center One, 5301 Southwest Parkway, Suite 400  
Address

Austin, Texas 78735  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo at ( 888 ) 705-7274  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STREET ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for AGILITY HEALTH REHABILITATION, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

M17000004163  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.  
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Mackenzie Hart  
Signature of Resigning Agent

If signing on behalf of an entity:  
Mackenzie Hart  
Typed or Printed Name  
Assistant Secretary, Registered Agent Solutions, Inc.  
Capacity

**FILING FEES:**  
\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

APPROVED  
AND  
FILED  
2022 NOV -2 AM 7:03  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314