

P05000002303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

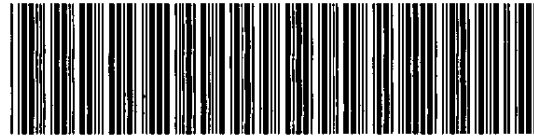
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REHAB UNLIMITED INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000002303

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENRIQUE ZAMORA

(Name of Person)

REHAB UNLIMITED INC.

(Name of Firm/Company)

3520 WEST 18 AVE # 105

(Address)

HIALEAH FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVANA ZAMORA

(Name of Person)

at (305) 213-9991

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2008 SEP 17 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ENRIQUE ZAMORA, hereby resign as DIRECTOR
(Title)

of REHAB UNLIMITED INC.
(Name of Corporation)

P05000002303, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314