

P100000/7956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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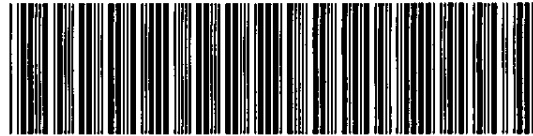
(Business Entity Name)

(Document Number)

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FILED  
12 APR 24 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*RA Resign*

APR 26 2012

T. LEWIS

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

**12 APR 24 PM 1:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ROBERT M. BODINE

(Name of Registered Agent)

hereby resigns as Registered Agent for LG REHAB CENTER, INC.

(Name of Corporation)

P10000017956

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

-\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**