## P22000085447

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Imik	
Office Use Only	

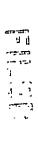


300418350073

11/08/23--01011--025 \*\*35.00



923 HOY -8 PM 1:3



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Rucci Rehabilitation Corp.
(Name of Corporation)
DOCUMENT NUMBER: P22000085447
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
(Name of Person)
Legalzoom.com, Inc.
(Name of Firm/Company)
9900 Spectrum Dr.
(Address)
Austin, TX 78717
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (800 )773-0888 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	
Florida Statutes, the undersigned. United States Corporation Agents,	Inc.
(Name of Registered Agent)	
hereby resigns as Registered Agent for Rucci Rehabilitation Corp	•
(Name of Corporation)	
P22000085447	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last l	known address.
The agency is terminated and the office discontinued on the 31st day after the d this statement is filed.	ate on which
(Signature of Resigning Agent)	_
If signing on behalf of an entity:	
	202 654
Cheyenne Moseley	DOS HOY
(Typed or Printed Name)	- 400 A 00.
	00
Asst. Secretary for United States Corporation Agents, Inc.	o. :
(Capacity)	
	36

## 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