

P99000029199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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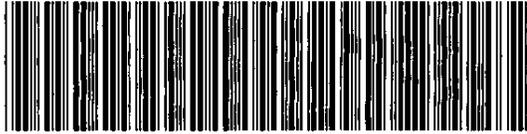
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*a*

*RA Resignation  
JPG  
3/28*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lym's Rehabilitation Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000029199

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:

Vivian Williams  
(Name of Person)

Florida Annual Report Services, Inc.  
(Name of Firm/Company)

2300 Coral Way, Suite 200  
(Address)

Miami, Florida 33145  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian Williams at ( 305 ) 856-0056  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,  
Florida Statutes, the undersigned, Florida Annual Report Services, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Lym's Rehabilitation Center, Inc.  
(Name of Corporation)

P99000029199  
(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.

*Vivian Williams*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Vivian Williams  
(Typed or Printed Name)

President  
(Capacity)

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11 MAR 28 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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