

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105509

**Entity Name:** RIZO'S REHAB CENTER, LLC

**Current Principal Place of Business:**

3309 W WATERS AVE  
SUITE A  
TAMPA, FL 33614

**Current Mailing Address:**

PO BOX 152644  
TAMPA, FL 33684

**FEI Number:** 27-3637323

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIZO, YALILI  
6417 N BLOSSOM AVE  
TAMPA, FL 33614 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** YALILI RIZO

03/09/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RIZO, YALILI  
Address 6417 N BLOSSOM AVE  
City-State-Zip: TAMPA FL 33614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YALILI RIZO

**OWNER**

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date