

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000085254

Entity Name: FLORIDA FALL PREVENTION & REHABILITATION LLC

Current Principal Place of Business:

850 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

850 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937

FEI Number: 46-2965747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRIMER, MARK A
850 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name BRIMER, MARK A
Address 850 LOGGERHEAD ISLAND DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

Title MGRM
Name BRIMER, LESLEE B
Address 850 LOGGERHEAD ISLAND DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

Title MGRM
Name BRIMER, ERIC A
Address 850 LOGGERHEAD ISLAND DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

Title MGRM
Name BRIMER, CHRISTOPHER G
Address 850 LOGGERHEAD ISLAND DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

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: MARK A. BRIMER

OWNER

03/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date