**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 27, 2025**
**Secretary of State**
**4004420769CC**

DOCUMENT# L15000026648

**Entity Name:** V & V REHAB SERVICES LLC

**Current Principal Place of Business:**

7834 NW 105TH CT
DORAL, FL 33178

**Current Mailing Address:**

7834 NW 105TH CT
DORAL, FL 33178 US

**FEI Number: 47-3227758**

**Certificate of Status Desired:** No

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

VEROES, VALENTINA
7834 NW 105TH CT
DORAL, FL 33178 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 | MGR |
| Name | VEROES, VALENTINA |
| Address | 7834 NW 105TH CT |
| City-State-Zip: | DORAL FL 33178 |

*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: VALENTINA VEROES MGR 04/27/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date