2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2017
Secretary of State
CC1671030606

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Entity Name: RESIDENTIAL REHABS OF JACKSONVILLE , L.L.C.

Current Principal Place of Business:

3217 MYRA STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

3217 MYRA STREET
JACKSONVILLE, FL 32205 US

FEI Number: 47-4912091

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRALL, TODD O
3217 MYRA STREET
MYRA STREE
JACKSONVILLE, FL 32205 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	BARRALL, TODD O
Address	3217 MYRA STREET
City-State-Zip:	JACKSONVILLE FL 32205

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: TODD BARRALL OWNER 01/12/2017

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