

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000143889

**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:** TODD BARRALL

04/30/2024

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

MNGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date