#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000008161

Entity Name: REVIVAL REHAB FITNESS AND WELLNESS L.L.C.

FILED
Apr 26, 2019
Secretary of State
4436759198CC

# **Current Principal Place of Business:**

5396 WELLFLEET DRIVE SOUTH SARASOTA, FL 34241

## **Current Mailing Address:**

5396 WELLFLEET DRIVE SOUTH SARASOTA, FL 34241 US

FEI Number: 81-5011186 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS COURT SUITE A TAMPA, FL 33612 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 AMBR

Name GINALSKI, KARL

Address 5396 WELLFLEET DRIVE SOUTH

City-State-Zip: SARASOTA FL 34241

SIGNATURE: KARL GINALSKI

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.

Electronic Signature of Signing Authorized Person(s) Detail

04/26/2019

OWNER/PRESIDENT