

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000135188

**Entity Name:** HAITIAN EDUCATION INITIATIVE AND REHABILITATION, LLC

**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**6527686562CC**

**Current Principal Place of Business:**

3101 SW 34TH AVENUE  
SUITE 905-123  
OCALA, FL 34474

**Current Mailing Address:**

3101 SW 34TH AVENUE  
SUITE 905-123  
OCALA, FL 34474 US

**FEI Number:** 82-1983622

**Certificate of Status Desired:** Yes

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

WARRICK, BRIAN L  
3101 SW 34TH AVENUE  
SUITE 905-123  
OCALA, FL 34474 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 WARRICK, BRIAN L  
Address 2875 SW 53RD STR.,  
City-State-Zip: OCALA FL 34471

Title MGR  
Name MACHADO, JOAN  
Address 17015 SW 18TH AVE RD.,  
City-State-Zip: OCALA FL 34473

Title MGR  
Name GUZMAN, GLORIA  
Address 3668 SW 169TH PL.,  
City-State-Zip: OCALA FL 34473

*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:** BRIAN L. WARRICK

**CHAIRMAN**

**02/14/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date