

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000202827

Entity Name: MERAKI REHABILITATION LLC

Current Principal Place of Business:

827 CYPRESS VILLAGE BLVD
SUN CITY CENTER, FL 33573

Current Mailing Address:

3350 CLOVERPLACE DR
PALM HARBOR, FL 34684 US

FEI Number: 83-2079327

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL RIO, RICHARD
3350 CLOVERPLACE DR
PALM HARBOR, FL 34684 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 | Title | MGR |
| Name | DEL RIO, RICHARD | Name | GONZALEZ, TERESA E |
| Address | 3350 CLOVERPLACE DR | Address | 12004 W POND WAY |
| City-State-Zip: | PALM HARBOR FL 34684 | City-State-Zip: | TAMPA FL 33635 |

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: RICHARD DEL RIO

MGR

06/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date