

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000023593

Entity Name: CNJ REHABS LLC**Current Principal Place of Business:**1887 POLO LAKE DRIVE EAST
WELLINGTON, FL 33414**Current Mailing Address:**1887 POLO LAKE DRIVE EAST
WELLINGTON, FL 33414 UN**FEI Number:** 83-3346301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VALAREZO, CLAUDIA F
1887 POLO LAKE DRIVE EAST
WELLINGTON, FL 33414 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	VALAREZO, CLAUDIA
Address	1887 POLO LAKE DRIVE EAST
City-State-Zip:	WELLINGTON FL 33414

Title	AMBR
Name	GALLEGO, JAIR A
Address	1887 POLO LAKE DRIVE EAST
City-State-Zip:	WELLINGTON FL 33414

Title	AMBR
Name	GIRALDO, NATALIA
Address	54 WEST 2ND STREET
City-State-Zip:	RONKOKOMA NY 11779

Title	AMBR
Name	GIRALDO, CHRISTIAN
Address	54 WEST 2ND STREET
City-State-Zip:	RONKOKOMA NY 11779

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: CLAUDIA VALAREZO**OWNER****03/27/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date