

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000260580

Entity Name: ALLCARE REHAB SOLUTIONS LLC

Current Principal Place of Business:

13852 NEWPORT SHORES DR
HUDSON, FL 34669

Current Mailing Address:

13852 NEWPORT SHORES DR
HUDSON, FL 34669

FEI Number: 93-1892969

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZECCA, ALYSSA G
13852 NEWPORT SHORES DR
HUDSON, FL 34669 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: ALYSSA ZECCA

03/15/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRES	Title	MGR
Name	ZECCA, ALYSSA G	Name	ZECCA, ANTHONY D
Address	13852 NEWPORT SHORES DR	Address	13852 NEWPORT SHORES DR
City-State-Zip:	HUDSON FL 34669	City-State-Zip:	HUDSON FL 34669

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: ALYSSA ZECCA

PRES

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date