

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089079

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**4069285836CC**

**Entity Name:** COMMUNITY REHABILITATION CENTER TRANSPORTATION, LLC

**Current Principal Place of Business:**

5206 NORTH PEARL STREET  
SUITE B  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

5206 NORTH PEARL STREET  
SUITE B  
JACKSONVILLE, FL 32208 US

**FEI Number: 42-1683849**

**Certificate of Status Desired: No**

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

GAFFNEY, REGINALD L  
5206 NORTH PEARL STREET  
SUITE B  
JACKSONVILLE, FL 32208 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 GAFFNEY, REGINALD L  
Address 5206 N PEARL STREET  
SUITE B  
City-State-Zip: JACKSONVILLE FL 32208

Title FINANCIAL MANAGER  
Name LEWIS, JANET  
Address 5206 NORTH PEARL STREET  
SUITE B  
City-State-Zip: JACKSONVILLE FL 32208

*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: JANET LEWIS**

**FINANCIAL MANAGER**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date