## **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089079

Entity Name: COMMUNITY REHABILITATION CENTER TRANSPORTATION,

LLC

. I

Jan 27, 2021 Secretary of State 3996819203CC

**FILED** 

## **Current Principal Place of Business:**

5206 B NORTH PEARL STREET JACKSONVILLE, FL 32208

# **Current Mailing Address:**

5206 B NORTH PEARL STREET JACKSONVILLE, FL 32208 US

FEI Number: 42-1683849 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GAFFNEY, REGINALD L 5206 B NORTH PEARL STREET 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 Title DIRECTOR OF FINANCE

Name GAFFNEY, REGINALD L Name LEWIS, JANET

Address 5320 N PEARL STREET Address 5206 B NORTH PEARL STREET

City-State-Zip: JACKSONVILLE FL 32208

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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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JANET LEWIS

FINANCIAL DIRECTOR

01/27/2021