

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089079

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

**FILED**  
**Jan 05, 2018**  
**Secretary of State**  
**CC9485313221**

**Current Principal Place of Business:**

5320 N PEARL STREET  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

5320 N 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  
5320 N 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	5320 N PEARL STREET
City-State-Zip:	JACKSONVILLE FL 32208	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

DIRECTOR OF FINANCE

01/05/2018

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

\_\_\_\_\_  
Date