

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000011701

Entity Name: ACTIVEFIT REHAB PHYSICAL THERAPY LLC

Current Principal Place of Business:

4649 CLYDE MORRIS BLVD
607
PORT ORANGE, FL 32129

Current Mailing Address:

4649 CLYDE MORRIS BLVD
607
PORT ORANGE, FL 32129 US

FEI Number: 81-5040350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LERTKITCHAROENPON, RATREE
1849 FOROUGH CIRCLE
PORT ORANGE, FL 32128 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 PRESIDENT
Name LERTKITCHAROENPON, RATREE
Address 4649 CLYDE MORRIS BLVD
 607
City-State-Zip: PORT ORANGE FL 32129

Title MANAGER
Name LERTKITCHAROENPON, WIRAT
Address 1849 FOROUGH CIR
City-State-Zip: PORT ORANGE FL 32128

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: RATREE LERTKITCHAROENPON

PRESIDENT

04/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date