

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000202827

**Entity Name:** MERAKI REHABILITATION LLC

**Current Principal Place of Business:**

827 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

3350 CLOVERPLACE DR  
PALM HARBOR, FL 34684 US

**FEI Number:** 83-2079327

**Certificate of Status Desired:** No

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

DEL RIO, RICHARD  
3350 CLOVERPLACE DR  
PALM HARBOR, FL 34684 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	MGR
Name	DEL RIO, RICHARD	Name	GONZALEZ, TERESA E
Address	3350 CLOVERPLACE DR	Address	12004 W POND WAY
City-State-Zip:	PALM HARBOR FL 34684	City-State-Zip:	TAMPA FL 33635

*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:** RICHARD DEL RIO

**MGR**

**06/17/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date