

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000146759

**Entity Name:** CLEVELAND REHABS LLC

**Current Principal Place of Business:**

13924 71ST PL. N.  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

13924 71ST PL. N.  
WEST PALM BEACH, FL 33412 US

**FEI Number:** 84-2070364

**Certificate of Status Desired:** No

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

THE VICTORIA LAW GROUP  
80 SW 8TH ST STE 2000  
MIAMI, FL 33130 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 MGBM  
Name KRAYCHUK, NICHOLAS  
Address 36 MOSSDALE AVE WINNIOEG  
MANITOBA R2K0H3  
City-State-Zip: CANADA \*\* \*\*\*\*\*\_\*\*\*\*

Title MGBM  
Name DURFEE, MITCHEL  
Address 13840 EMERSON DR. #101  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGBM  
Name TORRES, MIGUEL  
Address 13924 71ST PL. N.  
City-State-Zip: WEST PALM BEACH FL 33412

*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:** MIGUEL TORRES

**MANAGING MEMBER**

**05/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date