

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000230415

Entity Name: RECOVERY REHAB, LLC.

Current Principal Place of Business:

5040 NW 7 ST
SUITE 680
MIAMI, FL 33126

Current Mailing Address:

5040 NW 7 ST
SUITE 680
MIAMI, FL 33126 US

FEI Number: 84-3137488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, BARBARA
5040 NW 7 ST
SUITE 680
MIAMI, FL 33126 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: BARBARA PEREZ

12/12/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PEREZ, BARBARA
Address 5040 NW 7 ST
SUITE 680
City-State-Zip: MIAMI FL 33126

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: BARBARA PEREZ

MGR

12/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date