

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000230415

Entity Name: RECOVERY REHAB, LLC.**Current Principal Place of Business:**3127 W HALLANDALE BEACH BLVD
SUITE 102
HALLANDALE, FL 33009**Current Mailing Address:**3127 W HALLANDALE BEACH BLVD
SUITE 102
HALLANDALE, FL 33009 US**FEI Number:** 84-3137488**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERNANDEZ, ANDY
2484 SW 162 AVENUE
MIRAMAR, FL 33027 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
Name	HERNANDEZ, ANDY
Address	3127 W. HALLANDALE BEACH BLVD, SUITE 102
City-State-Zip:	HALLANDALE FL 33009

Title	AR
Name	SANIBRIA, IDALIA
Address	3127 W. HALLANDALE BEACH BLVD, SUITE 102
City-State-Zip:	HALLANDALE FL 33009

Title	AR
Name	ZYGMUNTOWICZ, JOHN
Address	3127 W. HALLANDALE BEACH BLVD, SUITE 102
City-State-Zip:	HALLANDALE FL 33009

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: ANDY HERNANDEZ**C.E.O.****01/31/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date