

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040505

Entity Name: REVIVER CARE LLC

Current Principal Place of Business:

3030 NE 188TH ST
UNIT 403
AVENTURA, FL 33180

Current Mailing Address:

3030 NE 188TH ST
UNIT 403
AVENTURA, FL 33180 US

FEI Number: 84-5145157

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

R&R CPA GROUP, LLC
11905 NE 2ND AVE APT C-201
NORTH MIAMI, FL 33161 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 AMBR
Name RODRIGUEZ, NICOLE
Address 3030 NE 188TH ST UNIT 403
City-State-Zip: AVENTURA FL 33180

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: NICOLE RODRIGUEZ

MEMBER

04/30/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date