

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000040505

**Entity Name:** REVIVER CARE LLC

**Current Principal Place of Business:**

3030 NE 188TH ST  
UNIT 302  
AVENTURA, FL 33180

**Current Mailing Address:**

3030 NE 188TH ST  
UNIT 302  
AVENTURA, FL 33180 US

**FEI Number:** 84-5145157

**Certificate of Status Desired:** No

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

NICOLE, RODRIGUEZ  
3030 NE 188TH ST  
UNIT 302  
AVENTURA, FL 33180 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:** NICOLE RODRIGUEZ

08/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name RODRIGUEZ, NICOLE  
Address 3030 NE 188TH ST UNIT 302  
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

**DIRECTOR**

08/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date