

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000057481

Entity Name: REVIVE COMMUNITY MENTAL HEALTH CLINICS,LLC

Current Principal Place of Business:

5353 SW 8 STREET
MIAMI, FL 33134

Current Mailing Address:

3460 NW 7 ST
MIAMI, FL 33125 US

FEI Number: 84-4892843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, ABELARDO
3460 NW 7 ST
MIAMI, FL 33125 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	Title	MGR
Name	RIVERA, ABELARDO E	Name	NAVARRO, RALPH
Address	3460 NW 7 ST	Address	3460 NW 7 ST
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125

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: ABELARDO RIVERA

OWNER

02/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date