

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000124564

**Entity Name:** INFINITE REHABILITATION AND WELLNESS CENTER LLC

**Current Principal Place of Business:**

6100 GREENLADN RD  
SUITE 601  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

6100 GREENLADN RD  
SUITE 601  
JACKSONVILLE, FL 32258 US

**FEI Number:** 85-1054408

**Certificate of Status Desired:** No

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

VELEZ, JOHANN  
7373 VOLLEY DR N  
JACKSONVILLE, FL 32277 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 VELEZ, JOHANN  
Address 7373 VOLLEY DR N  
City-State-Zip: JACKSONVILLE FL 32277

Title AMBR  
Name RODRIGUEZ, LUIS JESUS  
Address 7781 POINT VINCDE CT  
City-State-Zip: JACKSONVILLE FL 32250

*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:** JOHANN VELEZ

AMBR

02/28/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date