

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000267809

**Entity Name:** MIAMI REST AND RECOVERY, LLC

**Current Principal Place of Business:**

2075 SW 122 AVE  
230  
MIAMI, FL 33175

**Current Mailing Address:**

2075 SW 122 AVE  
230  
MIAMI, FL 33175 US

**FEI Number:** 87-2500694

**Certificate of Status Desired:** No

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

ZAPATA, GIOVANNY  
2075 SW 122 AVE  
230  
MIAMI, FL 33175 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	ZAPATA, GIOVANNY	Name	ZAPATA, JOHN
Address	2075 SW 122 AVE 230	Address	2075 SW 122 AVE 230
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

*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:** JOHN ZAPATA

**MGR**

**03/26/2024**

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

\_\_\_\_\_  
Date