## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000421073

Entity Name: JOJO REHAB THERAPY, LLC.

**Current Principal Place of Business:** 

10929 RIDGE ROAD LARGO. FL 33778 Apr 28, 2025 Secretary of State 3509441417CC

**FILED** 

## **Current Mailing Address:**

3515 PALM HARBOR BLVD. SUITE A PALM HARBOR. FL 34683 US

FEI Number: 87-2828451 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

READEY, JOCELYN 3515 PALM HARBOR BLVD. SUITE A PALM HARBOR, FL 34683 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: JOCELYN READEY 04/28/2025

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MANAGER

Name READEY, JOCELYN

Address 3515 PALM HARBOR BLVD. STE A

City-State-Zip: PALM HARBOR FL 34683

SIGNATURE: JOCELYN READEY

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.