

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000224872

**FILED**  
**Sep 05, 2024**  
**Secretary of State**  
**9381936997CC**

**Entity Name:** JOINT REGENERATION OF FLORIDA LLC

**Current Principal Place of Business:**

120 STATE ST E #104  
OLDSMAR, FL 34677

**Current Mailing Address:**

120 STATE ST E #104  
OLDSMAR, FL 34677 US

**FEI Number: 88-2627578**

**Certificate of Status Desired: No**

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

ADAMS, COURTNEY E  
12140 STATE ST  
TAMPA, FL 33635 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	MANZI, KRISTYN L	Name	ADAMS, KRISTEN L
Address	504 WESTBOROUGH LANE	Address	12140 STATE ST
City-State-Zip:	SAFETY HARBOR FL 34695	City-State-Zip:	TAMPA FL 33635
Title	AMBR		
Name	LOCKETT, RICKY		
Address	2395 OLD COACH TRAIL		
City-State-Zip:	CLEARWATER FL 33765		

*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: KRISTEN ADAMS**

**MANAGER**

**09/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date