

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000224872

**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	AUTHORIZED REPRESENTATIVE		
Name	SIMMONS, HEATHER		
Address	30603 WRENCREST DRIVE		
City-State-Zip:	WESLEY CHAPEL FL 33543		

*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**

**05/09/2023**

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

\_\_\_\_\_  
Date