## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000493251

Entity Name: PAWSUP CANINE REHABILITATION, LLC

**Current Principal Place of Business:** 

1730 LEMON STREET DELAND. FL 32720

**Current Mailing Address:** 

1730 LEMON STREET DELAND, FL 32720 US

FEI Number: 99-0435465 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWANEBECK, LAURA C 1730 LEMON STREET DELAND, FL 32720 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

FILED Mar 27, 2025

**Secretary of State** 

7480891122CC

## Authorized Person(s) Detail:

Title MGR

Name SCHWANEBECK, LAURA C
Address 1730 LEMON STREET
City-State-Zip: DELAND FL 32720

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: LAURA SCHWANEBECK

**MANAGER** 

03/27/2025