

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L25000393151

**Entity Name:** REVIVE REZ, LLC

**Current Principal Place of Business:**

4980 SW 52ND STREET  
SUITE #119  
DAVIE, FL 33134

**Current Mailing Address:**

4980 SW 52ND STREET  
SUITE #119  
DAVIE, FL 33134 US

**FEI Number:** 39-4025385

**Certificate of Status Desired:** No

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

LEON, SCOTT  
4980 SW 52ND STREET  
SUITE #119  
DAVIE, FL 33134 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  
Name LIFTER, AARON  
Address PO BOX 310730  
City-State-Zip: MIAMI FL 33231

Title MGR  
Name LEON, SCOTT  
Address 4980 SW 52ND STREET, STE #119  
City-State-Zip: DAVIE FL 33134

*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:** AARON D LIFTER

MGR

04/24/2026

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

\_\_\_\_\_  
Date