### 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001848

Entity Name: REHAB CONSTRUCTION SPECIALISTS, LLC

FILED
Jan 26, 2016
Secretary of State
CC0196901890

### **Current Principal Place of Business:**

5665 ATLANTA HWY SUITE 103 PMB 131 ALPHARETTA, GA 30004

## **Current Mailing Address:**

5665 ATLANTA HWY SUITE 103 PMB 131 ALPHARETTA, GA 30004 US

FEI Number: 42-1624696 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

JONES, ROBERT 101 N. CHURCH AVE. PANAMA CITY, FL 32401 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 MGRM Title MGR

Name KENNEDY, TONY Name DELICH, DOUG

Address 6335 POLO DR Address 3624 HARMONY CHURCH RD City-State-Zip: CUMMING GA 30040 City-State-Zip: GAINESVILLE GA 30507

Title MGR Title P

NameOTIS, JOENameKENNEDY, TONYAddress85 BUCK CREEK DRAddress6335 POLO DR

City-State-Zip: COVINGTON GA 30016 City-State-Zip: CUMMING GA 30040

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.

**PRESIDENT** 

Electronic Signature of Signing Authorized Person(s) Detail